

CARMEL HIGH SCHOOL FUNDRAISING REQUEST FORM

Today's date: _____ Master calendar checked? _____

Club/Class/Organization Requesting: _____

Description of Fundraiser: _____

Purpose of Fundraiser: _____

Student in charge/phone number: _____

Adult supervisor/phone number: _____

Date of proposed activity: _____

Location of proposed activity: _____

Approximate number of students involved: _____

Approved by advisor: _____

*** *Revenue potential form must be attached.***

Date submitted: _____ Received by: _____

ASB Approval: YES NO TABLED _____ Date _____

Approved by principal: _____

Fundraising Revenue Potential

ASB Club: _____ Advisor: _____

Fundraiser: _____ Date(s): _____

REVENUE

Expected Sales: Price: \$ _____ # items _____ = \$ _____

Other Expected Revenue: _____ = \$ _____

Actual Sales: Price: \$ _____ # items _____ = \$ _____

Other Actual Revenue: _____ = \$ _____

EXPENSES

	Expected	Actual
_____	= \$ _____	\$ _____
_____	= \$ _____	\$ _____
_____	= \$ _____	\$ _____
_____	= \$ _____	\$ _____

SUMMARY

Expected Total Revenue = \$ _____ Actual Revenue = \$ _____

Expected Total Expenses = \$ _____ Actual Expenses = \$ _____

Expected Profit = \$ _____ Actual Profit = \$ _____

Club Advisor Signature: _____ Date: _____

ASB Business Meeting: Date _____ Officer _____

ASB Approval: YES NO TABLED

Principal's Approval: _____ Date: _____

Date Submitted: _____