

ARLINGTON HIGH SCHOOL
 2951 Jackson Street
 Riverside, CA 92503



Date Submitted: _____
 Date Approved: _____
 Added to Calendar: _____

FUNDRAISING REQUEST and REVENUE POTENTIAL

Name of Group: _____
 Advisor/Coach: _____
 Organization Treasurer: _____

Date Approved by Club/Organization: _____
 Minutes Attached: _____

Fundraiser Title: _____

Proposed Sale Date(s): _____

	On Campus
	Off Campus

Sale cannot be longer than two weeks and no more than three clubs or organizations may have sale fundraisers at the same time.

Explain your fundraiser. What do you proposal to sell? *Please list here and attach flyer or print-out of product.*

What is the **total cost** of this fundraiser for your group? *Minimums that must be sold? Set up costs?*

Total Cost	\$	-
divided by # of items	\$	-
Cost per Item:	\$	-

Projected Items to Sell:	\$	-
(x) Selling Price	\$	-
Total Income:	\$	-

Total Income	\$	-
(-) Total Cost	\$	-
Total Potential Revenue	\$	-

<i>ASB USE ONLY</i>								
Presented at Executive Council on:								
<table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 30%;"></td> <td style="width: 40%; text-align: center;">Approved</td> <td style="width: 30%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Denied</td> <td></td> </tr> </table>		Approved			Denied		Signature: _____	ASB Treasurer
	Approved							
	Denied							
	Signature: _____	Director of Activities						
ASB Minute Date: _____	Signature: _____	Assistant Principal						