## Madison HIGH SCHOOL REQUEST FOR FUND-RAISING ACTIVITY

## Please plan accordingly and submit form 4 weeks in advance.

	PROCEDURE:			Check when	
	<ol> <li>Requester obtains approval from</li> <li>Requester submits form to ASB for</li> <li>ASB approves in formal meeting (</li> <li>ASB obtains final approval from p</li> <li>ASB records fund-raiser on master</li> <li>ASB distributes approved form:         <ul> <li>Original - Finance Office</li> </ul> </li> <li>(Note: Fund-raiser is NOT approved unit</li> </ol>	or approval. indicate date below and a rincipal/designee. or calendar after all levels Copy – ASB and Spor	of approval are final.*	<u>Completed</u>	
	FUI	ND-RAISER INFOR	MATION		
Club Name:					
Club Advisor Name:					
School Year:					
Name of the Fundraiser:					
	ason of This Fundraiser (Why and second control of the second cont				
-					
Da	te of Activity:	(1 <sup>st</sup> Choice)	Approved	□ Disapproved	
		(2 <sup>nd</sup> Choice)	□Approved	□ Disapproved	
En	d of Activity:				
Tir	me of Activity:				
I۸	cation:				

How much expense is anticipated?					
How much income is anticipated?					
Date form submitted:					
Please print Advisor Name:					
Club Advisor Signature:					
Club Treasurer's Name & Signature:					
	APPROVALS:				
	Principal or Designee's Signature				
	ASB Advisor Signature				
	Date Approved in ASB Minutes				