

event information

Today's Date: \_\_\_\_\_

Proposed Event Name: \_\_\_\_\_

Event Time and Date: \_\_\_\_\_

Description of Event (be specific): \_\_\_\_\_

Location of Event on Campus (If Off, Where?): \_\_\_\_\_

Name of Requesting Committee/Organization: \_\_\_\_\_

Committee/Organization President's Name

Committee/Organization Advisor's Name

Committee/Organization President's Signature

Committee/Organization Advisor's Signature

Nutrition Services Director's Signature: \_\_\_\_\_

*Nutrition Services Director Signature only needed if serving food during school hours. Note that students may not prepare food.*

Are chaperones needed for this event?  YES (attach confirmed chaperone list)  NO

Will you be requesting supplies from ASB?  YES (personally contact ASB at least 5 days in advance)  NO

budget

Will Purchase Orders be used?  YES (materials will be purchased, attach Budget Sheet)  NO (you may not purchase materials)

Will money be collected?  YES (continue to fill out budget portion, attach Budget Sheet)  NO (skip rest of budget portion)

How many cash boxes will you need? \_\_\_\_\_ Please select one of the options below for recording...

- Pre-numbered Ticket Roll Up to 4 different colored tickets are available. Used to pickup item after purchase and keep track of sales.
- Tally Sheets Used to keep track of item sales by manually tallying.
- Pre-numbered Receipt Books Required for event presales to record purchases.
- Vendini (only for Envision Productions)

What will you be selling? \_\_\_\_\_ What will the price(s) be? \_\_\_\_\_

*Feel free to add an additional sheet of paper to this form if needed if more room is needed. Please meet with Ms. Main in the ASB Finance Office on the day of your event to collect materials. You may also choose to meet with her 1-2 days in advance to go over your fundraiser.*

**TO BE FILLED OUT DURING THE ASB MINUTES**

Club Commissioner's Approval: \_\_\_\_\_

Meeting Date: \_\_\_\_\_ ASB Class Approval:  YES  NO

ASB Executive Council Approval: \_\_\_\_\_

ASB Director's Signature: \_\_\_\_\_

**TO BE FILLED OUT DURING THE EXECUTIVE CABINET MEETING**

Meeting Date: \_\_\_\_\_ Administration's Recommendation:  YES  NO

Administration's Signature: \_\_\_\_\_