

FUND RAISING REQUEST

All fund raising projects/activities are to be approved by the school Principal & Inspire Board PRIOR to initiating the event/activity.

School: *Inspire School of Arts and Sciences*

Club: _____ Club Number: _____

Advisor: _____

Event: _____ Event Number: _____

Purpose of the fund raising project/activity: _____

Location of activity: _____

Is the financial goal of the project greater than \$5,000 net? Yes No

Class I - A project or series of activities that will be restricted to a school's student and parent population.

Class II - A project or series of activities that will extend beyond a school's population and will involve students, parents and members of the general community population in the fund raising effort.

Beginning Date: _____ Time: _____ Ending Date: _____ Time: _____

Number of students to be involved: _____

<i>Gross Revenue</i>	
<i>Total Expenses</i>	
<i>Total Profit/Loss (Net)</i>	

Date *Club Officer's Signature*

Date *Club Advisor's Signature*

Date *ASB Director's Signature*

Date *Principal's Signature*

Estimated Budget for Fundraiser

Club: _____ Event: _____

<i>Estimated Revenues</i>			
<i>Revenue Categories</i>	<i>Sale Price</i>	<i>Est. Quantity</i>	<i>\$ Amount</i>
<i>Total Estimated Revenue (Gross)</i>			

<i>Expense Categories (Supply Costs, Rental Fees, Cost of Items Sold)</i>	<i>\$ Amount</i>
Total Expenses:	

<i>Total Profit/Loss (Net)</i>	
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Recorded in ASB minutes dated: _____

ASB Officer Name and Signature _____

