

# Franklin High School FUNDRAISING REQUEST FORM

**Please check one:**

**ASB FUNDRAISER** (Funds deposited /Associated Student Body)       **BOOSTER FUNDRAISER** (Funds deposited/Booster)

Group/Club: \_\_\_\_\_

Date: \_\_\_\_\_

Advisor Name:	Purposed start date:	Purposed end date:
Purpose of Event:		
Type of Fundraiser:		
Location/Address of fundraiser: (Insurance Rider must be obtained for all Booster FUNDRAISING <i>EVENTS</i> (provided by FHS Booster Club)		
What items or services will be purchased with these funds?		
How many students will benefit from this fundraiser? 300 Responsibility of each student (Example: student will sell 48 candy bars)		
List the names of Club Officers to approve expenditures		

**FUNDRAISER CHECKLIST:**

- |  |                          |
|--|--------------------------|
| 1. Request form approved   | <input type="checkbox"/> |
| 2. Establish an ASB account and procedure with School Controller                                   | <input type="checkbox"/> |
| 3. Turn in all money to the School Site Controller to be placed in the safe at the end of the day. | <input type="checkbox"/> |
| 4. If CAR WASH, you must attach an approval letter from property owner.                            | <input type="checkbox"/> |
| 5. Copy of all flyers/information attached.  | <input type="checkbox"/> |
| 6. If <b>Booster</b> Fundraising Event:  | <input type="checkbox"/> |
| A) Off Campus alcoholic drinks served?   | <input type="checkbox"/> |
| >If Checked, ABC Permits required from State & City  |                          |
| B) Will a raffle be held? (Raffle Form Required)   | <input type="checkbox"/> |

1.	Selling price per individual item	
2.	Upfront cost per individual item	
3.	Estimated profit per item (subtract 2 from 1)	
4.	Estimated number of items to be sold	
5.	<b>Total estimated fundraiser profit (multiply 3 x 4)</b>	

Were any items donated? If so, please list below.

Item	Donation made by:

Approved by: _____	Date: _____
Principal	
Approved by: _____	Date: _____
Athletic Director	
Approved by: _____	Date: _____
Activities Director	
Approved by: _____	Date: _____
Booster Board Approval	
Contact Booster President: <a href="mailto:boosters@fhsboosterclub.com">boosters@fhsboosterclub.com</a>	

**THIS FORM MUST BE SUBMITTED to School Site controller 30 days prior to the fundraising event.  
I understand the above procedures and agree to follow the guidelines as prescribed by these instructions**

\_\_\_\_\_  
Advisor Signature / Print

\_\_\_\_\_  
Date