

Application for Fundraising Event

To be Completed and Signed by Club Advisor or Athletic Coach

Date: 4/16/19

Proposed Event: Blast Athletics Fundraiser

Description **and** Purpose of Fundraiser: online Fundraiser to contact friends and family to donate to the program

What will the money be used for? Jerseys, Equipment, coaches pay etc.

Where will money be deposited? ASU Dolphin Force

501(c)3 _____ (specify name) _____

Requesting Club/Organization: Boys volleyball ASU Acct.# _____

Proposed Date(s) of Event: _____

Location of Proposed Activity: online

Status of Event (circle one): **New Event** Held Previously (Years): _____

Other Background Information (such as other schools or clubs that have held similar events):

Budget Plan for Activity (See Attachment)

Club Contact Person: Taylor Hammond

Club Representative (signature, date) [Signature] 4/16/19

Club Advisor/Athletic Coach: _____

Club Advisor/Athletic Coach (signature, date) _____

Student Council Recommendation (circle)

Student Council Representative (name, signature, date) Mollie Lopp [Signature] 4/17/19 Yes No

Principal or Designee Action (circle)

Principal or Designee (name, signature, date) [Signature] 4/17/19 Yes No

Revenue Potential (Fundraising Budget versus Actual Statement)

Name of School: Dana Hills High School

Name of Club: Boys volleyball

Revenue Potential/Fundraising Budget versus Actual Statement

Fiscal Year: 2019

Name of Event: Blast Athletics

Date of Event: 4/16/19

Date Form Completed: 4/16/19

EXPECTED REVENUE:	BUDGET	ACTUAL	DIFFERENCE
Sales quantity x Sales price	\$	\$	\$
OTHER REVENUE:			
Donations, Sales of ads, etc.	\$	\$	\$
TOTAL REVENUE (A)	\$	\$	\$
EXPENSES:			
Product quantity x Cost (per invoice)	\$	\$	\$
OTHER EXPENSES:			
Freight	\$	\$	\$
Advertising	\$	\$	\$
Other	\$	\$	\$
TOTAL EXPENSES (B)	\$	\$	\$

OTHER: (C)

Items Donated or Given as Prizes –
Quantity x Cost

\$	\$	\$
\$	\$	\$

TOTAL PROFIT (A-B-C)

Submitted and Approved by:

Student Club Representative: _____
Signature, Title and Date

Club Advisor: _____
Signature, Title and Date

Principal/School Administrator:  _____
Signature, Title and Date

Recorded in ASB Student Council Minutes on: _____ 4/17/19 _____
Date