

Application for Fundraising Event
To be Completed and Signed by Club Advisor or Athletic Coach

Date: 10-10-18

Proposed Event: Bake Sale

Description **and** Purpose of Fundraiser: Raise money for

Charity - Breast Cancer Research Foundation

What will the money be used for? Donate to Charity

Where will money be deposited? ASU ~~W~~ Dolphin Force

501(c)3 378-7250 (specify name) Breast Cancer Research Foundation

Requesting Club/Organization: ANID ASU Acct.# _____

Proposed Date(s) of Event: October 31, 2018

Location of Proposed Activity: Wall Football Game

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: Leslie Bruno 714-595-2640

Club Representative (signature, date): Leslie Bruno / July 2016 10-10-18

Club Advisor/Athletic Coach: [Signature] (Carli) [Signature] [Signature]

Club Advisor/Athletic Coach (signature, date): [Signature] [Signature] 10/12-18

Student Council Recommendation (circle) Yes No

Student Council Representative (name, signature, date) Muyeff Molly COPP 10/17/18

Principal or Designee Action (circle) Yes No

Principal or Designee (name, signature, date) [Signature]

Revenue Potential (Fundraising Budget versus Actual Statement)

Name of School: Dana Hills High School

Name of Club: Freshman AVID

Revenue Potential/Fundraising Budget versus Actual Statement

Name of Event: Bake Sale Fiscal Year: _____

Date of Event: 10/31/18

Date Form Completed: 10/10/18

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

[Handwritten Signature]

Club Advisor: _____
Signature, Title and Date

[Handwritten Signature] AVID Coordinator 10-12-18

Principal/School Administrator: _____
Signature, Title and Date

[Handwritten Signature]

Recorded in ASB Student Council Minutes on: _____
Date

10/17/18