

Dana Hills High School  
33333 Golden Lantern, Dana Point, CA 92629  
Request for Approval: Fund Raising Event

Date: 10/12/12

Proposed Event: Parent Night

Description: Collecting donations from parents

Requesting Club/Organization: Boys Soccer

Proposed Date(s) of Event: October 24

Club Contact Person: Leo Compean

Club Advisor: Leo Compean

Location of Proposed Activity: Porthole

Status of Event (circle one):  New Event  Held Previously (Years): 2000-2012

Budget Plan for Activity (Attach Description)

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

Club Representative (name, signature, date) Leo Compean L. Compean 10/12/12

Club Advisor (name, signature, date) Leo Compean L. Compean 10/12/12

Student Council Recommendation (circle)  Yes  No

Student Council Representative (name, signature, date) Print Name Michelle Krogius 10/17/12

Sign and Date [Signature]

Director of Student Activities Action (circle)  Yes  No

Director of Student Activities (name, signature, date) Print Name Ken Nedler 10/17/12

Sign and Date [Signature] 10/17/12

CAPISTRANO UNIFIED SCHOOL DISTRICT  
DANA HILLS HIGH SCHOOL  
REVENUE POTENTIAL REPORT/FUNDRAISING EVENTS

Date: 10/12/12

Club/Organization: Boys Soccer

Advisor/Coach: Leo Compean

Event: Parent Night

Date of Event: \_\_\_\_\_

.....  
Description of item sold:

Donations  
\_\_\_\_\_  
\_\_\_\_\_

Amount sold (Potential) A. \_\_\_\_\_

Unit selling price B. \$ \_\_\_\_\_

Revenue potential  $A \times B =$  C. \$ \_\_\_\_\_

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\*\*This form is to be completed **PRIOR** to each event. It will be the responsibility of each Advisor/Coach to complete these forms. Original will be retained in the ASB office.

CAPISTRANO UNIFIED SCHOOL DISTRICT

SALES ANALYSIS REPORT ON FUNDRAISING EVENTS

Name of Organization: Boys Soccer

Advisor or Coach's Name: Leo Compean

Description of Fundraising Event: Parent Night

Date(s) of Fundraising Activity: Start 10 / 24 / 12 End 10 / 24 / 12

Description of Item Sold: Parent Donations

Number of individual units received per invoice: \_\_\_\_\_

Less amounts given away: ( \_\_\_\_\_ )

Less amount lost or stolen: ( \_\_\_\_\_ )

Less amount verified on hand: ( \_\_\_\_\_ )

Amount sold: A. \_\_\_\_\_

Unit selling price: B. \_\_\_\_\_

Revenue potential (A x B =) C. \_\_\_\_\_

Actual money received D. \_\_\_\_\_

Cash over/short \$ \_\_\_\_\_

Explanation of difference and disposition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
As per the State of California Educational Code § 48937, this form is to be completed within 10 days after the close of each event. It is the responsibility of the advisor/coach to complete this for and return it to the ASU office.