

MARINA FUNDRAISING REQUEST

Group Making the Request	Date Request Submitted
Contact Name	Phone #
Email address (we will notify via email if NOT approve	d)
If a Marina Group or Club, Advisor Name (please print) Advisor Signature
FUNDRAISER (explain completely and attach relevant n	naterials):
DATE(s) of Fundraiser TIME (s	start & end time)
MARINA FACILITIES NEEDED (i.e. cafeteria, gym, parkin Using Marina's Campus requires an approve approved through the Activities office and must	d facilities request. Requests must be
Number of items to sell:Unit F	PRICE (per item price):
POTENTIAL REVENUE:(number of items X price)	POTENTIAL PROFIT:(less the cost)
If the event takes place outside of school hours, who v (Chaperone must be a school employee) CHAPERONE(\$):	·
Your request must be approved by the Assistant Princ fundraiser can take place. Failure to submit this form to cancellation of your fundraiser.	
AP, Activities Date Fundraiser approved in ASB:	ASB Representative

You will be contacted VIA EMAIL if the fundraiser is not approved or if there are any questions or problems that need to be addressed. If you have any questions contact Kevin Fairman in the Activities office, X4408 or kfairman@hbuhsd.edu