

**A. Request for Pre-Approval of Fundraiser (at least TWO weeks prior to fundraiser)**

School: \_\_\_\_\_ Group Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Proposed Fundraising Activity: \_\_\_\_\_

Intended Use of Proceeds: \_\_\_\_\_

Dates of the Fundraiser: Start: \_\_\_\_\_ End: \_\_\_\_\_

Will the fundraiser be held for the benefit of a charitable organization outside the district?  Yes  No  
If yes, please attached a copy of the name, address, email and phone number of the organization.

**Coach and/or Club Advisor Signature:**

I have read the Advisor/Coach Handbook that is found on the Crescent School District webpage under Staff/Handbooks. I understand that if I purchase an item for an ASB activity and do not have the purchase preapproved, I may be denied reimbursement if the purchase is not in compliance with ASB guidelines.

1. Coach/Club Advisor: \_\_\_\_\_  
*Signature* *Date*

**Student Approval Signatures:**

2. Team/Club Leader: \_\_\_\_\_ *Signature* *Date*      3. ASB Leader: \_\_\_\_\_ *Signature* *Date*

**Administrative Signatures:**

4. School Secretary: \_\_\_\_\_ *Signature* *Date*      5. ASB Admin: \_\_\_\_\_ *Signature* *Date*

6. Bus. Manager: \_\_\_\_\_ *Signature* *Date*      7. ASB Bookkeeper: \_\_\_\_\_ *Signature* *Date*

**B. Steps Following Approval: Request must be approved BEFORE event can take place.**

1. Obtain approval (via this form).
2. Order all needed materials or supplies with a Requisition.
3. Request a cash-box from the ASB Bookkeeper (if needed) (fill out *Cash Box Request* below).
4. Conduct fundraiser, monitoring all cash and goods. Inventory should be kept for goods being sold.
5. Complete appropriate record keeping form (all forms must accompany money).
6. Turn all money **INTACT** to the office for deposit daily. **Do not take expenses from money collected.**

**CASH BOX REQUEST**

Person In Charge of Cash Box at Event: Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

We plan to earn revenue as follows:

Charge a Gate Fee. We will track via  Tickets  Each Paying Person will Sign-In

Gate Charge Per Person:      Age Bracket      Amount You will Charge

\_\_\_\_\_

Accept Donations. Each Donation will be recorded with the donator's name and the amount they donate.

Charging set prices for items that are sold.  
What are you selling? \_\_\_\_\_  
What price are you charging? \_\_\_\_\_

If you need more room to write, please attached a list of what items you are selling and how much you will charge for each item.

How many sites will you be selling and/or how many cash boxes will you need? \_\_\_\_\_