

FUND RAISING / ACTIVITY PROPOSAL

Event or Project: (name and description)

Sponsoring Club / Organization _____

Faculty Moderator who will be supervising event / fundraiser _____

Student Leader(s) _____

Student Email _____ Phone Number _____

Parent Volunteer (if applicable) _____

Date of Event _____ Time _____ Location _____

Alternate Date (if date requested is not available) _____

Purpose/Goal of the Event

Dollar goal or desired proceeds of event / fundraising effort _____

This Fundraiser / event was included in our Financial Plan for 2009-2010? **YES NO**

How do you propose funding your event or project?

How will the proceeds from this fundraiser/event be spent?

- Please remember that all expenses and income must be processed through the business office. See Miss La Belle in the Activities Office for proper Check Requests & Deposit Forms.

We propose to approach the following person(s)/group(s) for support

Rationale: Our event should be adopted & considered for support because:

Student Leader Signature: _____

Date: _____

Moderator Signature: _____

Date: _____

Director of Student Activities: _____

Date: _____

Principal: _____

Date: _____

Approved: _____

Not Approved: _____

Reason: