**[SCHOOL NAME HERE] SCHOOL**

**NOTICE OF INTENT TO RAISE FUNDS**

|  |  |
| --- | --- |
| DATE SUBMITTED: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ASB CLUB NAME: |  | ACCOUNT NUMBER: |  |

|  |  |
| --- | --- |
| ADVISORS NAME & SIGNATURE: |  |

|  |  |
| --- | --- |
| LISTED IN APPROVED BUDGET? **Y**/**N** | **IF NO - ATTACH MINUTES APPROVING FUNDRAISER** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| FUNDRAISING DATES | BEGINNING: |  | ENDING: |  |

|  |  |
| --- | --- |
| TYPE OF FUNDRAISER: |  |

|  |  |
| --- | --- |
| FUNDS RAISED FOR: |  |

|  |  |
| --- | --- |
| TOTAL ANTICIPATED **NET PROFIT** TO BE RAISED: |  |

|  |  |
| --- | --- |
| APPROXIMATE NUMBER OF STUDENTS PARTICIPATING IN ACTIVITY: |  |

IF USING VENDOR, PLEASE COMPLETE THE FOLLOWING:

|  |  |
| --- | --- |
| VENDOR NAME: |  |

|  |  |
| --- | --- |
| ACTIVE ASD VENDOR? **Y**/**N** | IF NO CONTACT BOOKKEEPER TO SETUP UP VENDOR WITH ASD |

**APPROVAL BY EXECUTIVE BOARD (BOARD USE ONLY)**

|  |  |
| --- | --- |
|  |  |
| ASB STUDENT OFFICER | DATE |
|  |  |
| ATHLETIC/ACTIVITIES DIRECTOR/PRINCIPAL | DATE |
|  |  |
| ASB BOOKKEEPER | DATE |

**ALL FUNDRAISING ACTIVIITES MUST BE REGISTERED WITH THE BUILDING PRINCIPAL OR DESIGNEE TEN (10) DAYS BEFORE BEGINNING THE EVENT**