CHICO UNIFIED SCHOOL DISTRICT

1163 East Seventh Street, Chico, CA 95928-5999

CHS ASB FUND RAISING REQUEST

All fund raising projects/activities (Major and Minor) are to be approved by the school Principal & Educational Services Director **prior** to initiating the project/activity. The Comptroller shall maintain a written financial record of each approved ASB fund raising project/activity. Funds generated from the projects/activities shall be deposited into the designated Associated Student Body account.

SCHOOL _____CHICO HIGH SCHOOL_____

CLUB OR ORGANIZATION _____

ADVISOR _____

PURPOSE OF THE FUND RAISING PROJECT/ACTIVITY_____

_____

_____

LOCATION OF ACTIVITY _____

FACILITIES NEEDED (Must complete Facilities Request Form)_____

FINANCIAL GOAL OF THE PROJECT: (***Major = more than $5,000 net***)

[ ] Minor: Estimated Gross $_____ [ ] Major: Estimated Gross $_____
Estimated Net $_____ Estimated Net $_____

NATURE OF PROJECT/ACTIVITY (i.e., car wash) _____
ITEMS TO BE SOLD_____
TICKET/ITEM SELLING PRICE $_____

[ ] Class I - A project or series of activities that will be restricted to a school's student and parent population.

[ ] Class II - A project or series of activities that will extend beyond a school's population and will involve students, parents and members of the general community population in the fund raising effort.

BEGINNING/ENDING DATE(S) OF PROPOSED FUND RAISING PROJECT(S)/ACTIVITY(IES):
Beginning Date: _____ Time: _____ Ending Date: _____ Time: _____

NUMBER OF STUDENTS TO BE INVOLVED _____

APPROVED by ASB Executive Council: _____ _____

Date of Minutes ASB Secretary

RECOMMENDED

Date	Student Club Representative Signature	Date	Advisor's Signature
Date	Director of Activity's Signature	Date	Principal's Signature
Date	Educational Services Director Signature	Date	Fiscal Services Director Signature

*A fundraiser can not take place until approved by the ASB Executive Council, the Principal and the District Office.

Routing: After completion by site, route all major/minor Fund Raising Requests to Educational Services Director.

ASB Comptroller Only: Date Submitted to CUSD: _____ Date Approved by CUSD: _____