

**CATALINA FOOTHILLS SCHOOL DISTRICT
STUDENT FUND-RAISING ACTIVITY REQUEST**

Name of group or organization	Date submitted
1.) PURPOSE: Identify the purpose of why the funds are being raised. Be specific (NOT a general statement like "program support").	
2.) ACTIVITY: Name and describe the fund-raising activity. Please provide vendor's name if a vendor is involved.	
3.) LOCATION: Please be specific: campus-wide, off-campus, front of cafeteria, etc.	
4.) TIME: (Lunch, all day, etc).	
5.) DATE(S): (If items are to be sold over a period of time and delivered on a specific date, please indicate).	
6.) NAME OF SPONSORS TO BE IN ATTENDANCE: (Signature required below)	
7.) GROSS RECEIPTS: What is the organization's estimate of the gross receipts from this activity?	Gross Sales: _____ Total Expenses: _____ Net Income: _____
8.) ALLOCATION What's the percent allocated between the two organizations?	Entity 1 _____ % Entity 2 _____ %

Group Student Officer Signature

Principal Approval

Date

Group Sponsor's Signature(s)

Date Approved by Governing Board

4/15/20

(Principal) original to: Student Activities Bookkeeper. Keep a copy for your files.