

**Pacific Grove High School ASB/Athletics Department
Request for Fundraising Event and Revenue Potential**

Club/Classes/ASB fundraising requests need to be submitted to Mrs. Lominario (E-1)
Athletics fundraising requests need to be submitted to Mrs. Afifi (Student Store)

Date of Request: _____

Requesting Club/Team/Class: _____

Proposed Event Name: _____

Description of Event: _____

Proposed Date(s) of Event: _____

Event Location: _____

Advisor/Coach: _____

Fundraiser Expenses: _____

Anticipated Revenue: _____

Potential Net Income (revenue-expenses=): _____

Contact person for the event: _____

Contact Cell Number: _____

Office Use Only:	
Approved _____	Date: _____
Denied _____	Date: _____

MUST OBTAIN SIGNATURES AND APPROVAL BEFORE FUNDRAISING EVENT CAN COMMENCE:

ADVISOR/COACH: _____ DATE: _____

PRINCIPAL: _____ DATE: _____

ASB TREASURER (CLUBS/CLASSES/ASB) OR MRS. AFIFI (ATHLETICS): _____

ACTIVITIES DIRECTOR/ATHLETIC DIRECTOR: _____ DATE: _____

Please complete the following revenue and expense section when the fundraiser is over:

_____ items sold at \$ _____ each = \$ _____

_____ items sold at \$ _____ each = \$ _____

_____ items sold at \$ _____ each = \$ _____

_____ items sold at \$ _____ each = \$ _____

_____ items sold at \$ _____ each = \$ _____

Total Revenue \$ _____

Total Expenses \$ _____

Net Profit \$ _____

NOTES REGARDING EVENT:

