

Santa Cruz High School
Event/Fundraiser - Request for Approval

Applications must be approved prior to the event

Club/Sport/Class: _____ Account # _____

Clubs must attach a copy of the minutes showing this request was voted on and approved.

Proposed Event: _____ Start Date: _____ End Date: _____

Please attach any flyers, letters, tickets etc that will be used to promote this event.

Status of Event (circle one) New Event Held Previously (years): _____

If Applicable:

Projected Income: _____ Projected Expenses* _____ Projected Profit: _____

***Once the fundraiser is approved submit purchase orders/pre-approvals to cover the expenses.**

Profits will be used for: _____

Location of Event: _____

Description: _____

Note: All money raised must be turned in to the School Finance Office during the event and the last deposit made with-in 24 hours of the event end date.

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Club Advisor/Coach must be presented at all club/team events.

_____ Club Advisor/Coach Signature Date Club Advisor/Coach Printed Name

_____ Student Officer Signature Date Student Officer Printed Name
(not required for sports)

Finance Office will Route for Approval					
Finance Office	Date	Account Balance	Principal	Date	
ASB Officer	Date		ASB Director	Date	
[] No - Reason: _____			Athletic Director (if applicable)	Date	

**After Approval the Finance Office will disperse copies.
(White - Finance Office) (Yellow - Originator) (Green - Office) (Pink - ASB)**