

**MADERA HIGH SCHOOL
Fundraising Request**

This form should be used for all on and off campus fundraisers conducted by school sponsored clubs, athletic teams, and organizations. Items submitted will be posted on the master calendar. Please contact the Activities Director for on campus food/snack sales.

Date Form Submitted: _____

Requesting Club/Organization: _____

Contact: _____ Phone: _____

Date(s) of Sale: _____

Name of Activity or Type of Fundraiser: _____

Item(s) to be Sold: _____

What will the funds be used for? _____

Location of Sale (circle one): On Campus Off Campus Both

Where will the items be purchased from? _____

How will the items be paid for? _____

**A Purchase Order request MUST be submitted to ASB BEFORE items are purchased.*

ESTIMATED BUDGET

Expenses

Items Purchased: _____ X Cost of each item: \$ _____ = **Total Expenses:** \$

Income:

Items Sold: _____ X Selling price of each item: \$ _____ = **Total Profit:** \$

Potential Income: (Profit – Expenses) \$ _____

Club Representative: _____
Signature and Date

Club Advisor: _____
Signature and Date

Activities Director: _____
Signature and Date