Franklin High School
FUNDRAISING REQUEST FORM

ASB FUNDRAISER ☐ (Funds deposited /Associated Student Body)

BOOSTER FUNDRAISER ☐ **(One must be checked)** (Funds deposited/Booster)

Date:

Group/Club _____

Advisor Name:	
Purpose of Event:	
Purposed start date:	Purposed end date:
Type of Fundraiser:	
Location/Address of fundraiser:	
What items or services will be purchased with these funds?	
How many students will benefit from this fundraiser?	Responsibility of each student (Example: student will sell 48 candy bars)
List the names of Club Officers to approve expenditures	

FUNDRAISER CHECKLIST:

1. Request form approved ☐
2. Establish an ASB account and procedure with School Controller ☐
3. Turn in all money to the School Site Controller to be placed in the safe at the end of the day. ☐
4. If CAR WASH, you must attach an approval letter from property owner. ☐
5. Copy of all flyers/information attached. ☐

Cost/Profit Estimates

1.	Selling price per individual item	
2.	Upfront cost per individual item	
3.	Estimated profit per item (subtract 2 from 1)	
4.	Estimated number of items to be sold	
5.	**Total estimated fundraiser profit (multiply 3 x 4)**	

Were any items donated? If so, please list below.

Item	Donation made by:

Approved by: _____ Date: _____
Principal

Approved by: _____ Date: _____
Athletic Director

Approved by: _____ Date: _____
Activities Director

Approved by: _____ Date: _____
Booster Board Approval

THIS FORM MUST BE SUBMITTED to School Site controller 30 days prior to the fundraising event.
I understand the above procedures and agree to follow the guidelines as prescribed by these instructions

_____ _____
Advisor Signature / Print Date

White – ASB Bookkeeper Yellow – Coach/Advisor Pink – Booster/Treasurer