

CHICO UNIFIED SCHOOL DISTRICT

1163 East Seventh Street
Chico, CA 95928-5999

PVHS ASB FUND RAISING REQUEST

All fund raising projects/activities are to be approved by the school Principal & Educational Services Director prior to initiating the project/activity. The ASB advisor shall maintain a written financial record of each approved fund raising project. All ASB fundraiser money shall be deposited into your ASB account.

ASB CLUB: _____

DATE: _____

ADVISOR: _____

* Submit 3 weeks prior to event date

FUND RAISER PROFITS TO BE USED FOR:

LOCATION OF ACTIVITY: _____

FACILITIES NEEDED: _____

ESTIMATED INCOME: _____

ESTIMATED EXPENSES: _____

PROJECTED PROFIT: _____

DESCRIBE ACTIVITY:

ITEMS TO BE SOLD: _____

PRICE(S) OF ITEM(S): _____

_____ CLASS 1 - An event that will be restricted to a school's student and parent population.

_____ CLASS 2 - An event that will extend beyond a school's population and will involve students, parents and members of the general community population.

BEGINNING DATE: _____ TIME: _____ ENDING DATE: _____ TIME: _____

ESTIMATED NUMBER OF PVHS STUDENTS TO BE INVOLVED: _____

Date Student Officer's Signature

Date Advisor's Signature

Date Director of Activity's Signature

Date Principal's Signature

Date Educational Services Director Signature

Date Fiscal Services Director Signature