



Booster Request for Fundraiser Approval

Fiscal Year: _____

Today's date: _____

Requesting club/organization: _____

Proposed date(s) of event: _____

Location of proposed activity: _____

Description of fundraiser: _____

Name of club representative: _____ Signature: _____

Name of club Advisor: _____ Signature: _____

FOR ASB ONLY

ASB meeting date: _____

ASB approved? (check one): YES NO

Reason for disapproval (if applicable): _____

Signature of ASB representative: _____

Signature of AP of Student Activities: _____