



# 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: \_\_\_\_\_

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## FOR ASB ONLY

ASB meeting date: \_\_\_\_\_

ASB approved? (check one): YES                      NO

Reason for disapproval (if applicable): \_\_\_\_\_

\_\_\_\_\_

Signature of ASB representative: \_\_\_\_\_

Signature of ASB Director: \_\_\_\_\_