

JOHN BURROUGHS HIGH SCHOOL ASSOCIATED STUDENT BODY

1920 W Clark Ave. Burbank, CA 91506 – Phone (818) 558-4777



ASB FUNDRAISER REQUEST FORM

Organization Name: _____ Today's Date: _____

Date(s) of Fundraiser: _____

Time of Fundraiser: From _____ To _____

Location of Fundraiser: _____

Description of Fundraiser: _____

Contact Person: _____

Phone: _____ E-mail: _____

Advisor/Coach Name: _____

Status of Event (Check One): New Event Held Previously
(# of Years): _____

Will funds be handled by organization directly? Yes No

BUDGET PLAN: Ticket Sales

Cash Box Required? Yes No

If Yes, What are Ticket Prices? _____

BUDGET PLAN: All Other Items

Cash Box required? Yes No

If Yes, What are Item Prices? _____
(Revenue Potential Form will need to be completed & turned in with Currency & Cash Box)

Advisor/Coach Signature: _____

APPROVALS:

ASB Recommendation: Yes No

Auditor Signature: _____

Disapproved

Reason for Disapproval: _____