

Perkins Athletic Booster Club

FUNDRAISER REQUEST FORM

Instructions: Complete all sections and submit this form to the Perkins Athletic Booster Club treasurer and the Athletic Director for approval at least 21 days prior to the proposed fundraiser date.

SECTION 1 — TEAM / ORGANIZATION INFORMATION

Team / Organization Name: _____

Coach / Advisor: _____

Email: _____

Phone: _____

Parent Leader (if applicable): _____

SECTION 2 — FUNDRAISER DETAILS

Fundraiser Title: _____

Type of Fundraiser:

Product Sales Event Donations Sponsorships Other:

Fundraiser Description:

Purpose of Fundraiser (what funds will be used for):

Requested Start Date: ____ / ____ / ____

Requested End Date: ____ / ____ / ____

SECTION 3 — FINANCIAL INFORMATION

Estimated Income: \$_____

Estimated Expenses: \$_____

Expected Profit: \$_____

Will outside vendors be involved?

Yes No

If yes, list vendor(s): _____

Will student handling of money be required?

Yes No

Booster Club support needed (if any):

Promotion Volunteers Financial Processing

Materials Other: _____

SECTION 5 — APPROVALS

Coach/Advisor Signature: _____

Date: ____ / ____ / ____

Athletic Director Approval:

Approved Not Approved

Comments:

Signature: _____

Date: ____ / ____ / ____

Booster Club Approval:

Approved Not Approved

Comments:

Authorized Signature: _____

Date: ____ / ____ / ____

SECTION 6 — POST-FUNDRAISER REPORT (to be completed after event)

Actual Income: \$ _____

Actual Expenses: \$ _____

Total Profit: \$ _____

Submitted By: _____

Date Submitted: ____ / ____ / ____