

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

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## **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:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

**Actual Income: \$** \_\_\_\_\_

**Actual Expenses: \$** \_\_\_\_\_

**Total Profit: \$** \_\_\_\_\_

**Submitted By:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_