

Mountain View High School Fundraising Form

THIS FORM (WHEN COMPLETED) IS DUE TO ASB TWO SCHOOL WEEKS BEFORE THE FUNDRAISER BEGINS. NO EXCEPTIONS.

Date Submissions: _____ Organization/Club: _____

Submitted by: _____ Contact Number: _____
(Print Name)

Email: _____ Date(s) of Fundraiser: _____

Proposed fundraiser: _____

Items to be purchased (specific): _____

Items to be created by club (specific): _____

Services provided by club (specific): _____

Services purchased by club (specific): _____

SIGNING INSTRUCTIONS: To virtually sign this form, club advisors must comment on their name with their initials to confirm.

Club Advisor: _____

Name/Signature

(Must have prior to submission for ASB)

Potential Sales:

Purchase costs: _____

Number items to sell: _____

Selling Price: _____

Potential Income: _____

____/2 Fundraisers for the year

ASB Approval:

Yes

No