

Gustine Unified School District GES Associated Student Body Fundraiser, Event, or Activity Approval Request

Requesting C	lub/Organization:	I	Date:	
Club Advisor	:			
Description of	f Proposed Event:			
Purpose of Ra	uising Funds:			
Proposed Date(s) of Event (be specific):		Time:		
Location of P	roposed Event:			
Amount being charged: \$		Potential Revenue: \$		
Status of Event (circle one): New Event		Held Previously (Years):		
Other Backgr	ound Information (such as other school	ols or clubs th	at have held sin	milar events):
	GUSD Fun	draiser Chec	klist	
	n each time you plan a fundraiser on s and processed all necessary paper	•	nsure you have	e considered all
-	Procedure/Form(s) Change Request Form Dance Permit Form DJ Contract Facilities Use Permit Requisitions (all those necessary) Security Ticket Request Form Transportation Request W9Form (when necessary) Fingerprint Clearance (If Necessary)	oply: Complete	Attached	Approved
Club Represe	ntative (signature, date):			
Club Advisor	(signature, date):			
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Principal or D	Designee (signature, date):			
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Student Coun	cil Representative (signature, date): _			
Student Coun	cil Advisor (signature, date):			