

Waterford High School ASB
Request for Approval for Fundraiser, Event or Activity

Request Club/Organization: _____ Date: _____

Club Advisor: _____

Description: _____

Amount being charged: \$ _____ Proposed Date(s) (exact date): _____

Proposed Location: _____

Status of Event (circle one): New Event Held Previous Year: _____

Club Representative (name, signature, date): _____

Club Advisor (name, signature, date): _____

Start up cash needed: Amount \$ _____ Cash Registration/Box Tickets Facility Use

P.O. # _____

Principal of Designee Recommendation (circle one) Yes No

Principal of Designee (name, signature, date) _____

Student Council Recommendations (circle one) Yes No

Student Council Representative (name, signature, date) _____

Student Council Advisor (name, signature, date) _____

FUNDRAISERS WILL NOT BE APPROVED WITHOUT A
REVENUE POTENTIAL ATTACHED