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

Requesting Club/Organization: _____Date: _____

Club Advisor: _____

Description of Proposed Event: _____

Purpose of Raising Funds: _____

Proposed Date(s) of Event (be specific): _____Time: _____

Location of Proposed Event: _____

Amount being charged: $_____Potential Revenue: $_____

Status of Event (circle one): New Event Held Previously (Years): _____

Other Background Information (such as other schools or clubs that have held similar events):

_____

GUSD Fundraiser Checklist

Use this form each time you plan a fundraiser or activity to insure you have considered all requirements and processed all necessary paperwork.

Complete the following checklist in areas that apply:

Check List:	Procedure/Form(s)	Complete	Attached	Approved
	Change Request Form	_____	_____	_____
	Dance Permit Form	_____	_____	_____
	DJ Contract	_____	_____	_____
	Facilities Use Permit	_____	_____	_____
	Requisitions (all those necessary)	_____	_____	_____
	Security	_____	_____	_____
	Ticket Request Form	_____	_____	_____
	Transportation Request	_____	_____	_____
	W9Form (when necessary)	_____	_____	_____

Club Representative (signature, date): _____

Club Advisor (signature, date): _____

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* **Principal or Designee Approval** ☐ **Yes** ☐ **No**

Principal or Designee (signature, date): _____

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* **Student Council Approval** ☐ **Yes** ☐ **No**

Student Council Representative (signature, date): _____

Student Council Advisor (signature, date): _____