



**Shasta Union High School District**  
**ASSOCIATED STUDENT BODY**  
 Activity/Fundraising Request form

Enterprise Foothill Pioneer Shasta Other \_\_\_\_\_

**PLEASE COMPLETE AND RETURN TO THE ASB OFFICE 2 WEEKS PRIOR TO THE ACTIVITY/FUNDRAISER**

Club/Organization: \_\_\_\_\_ Date of Request : \_\_\_\_\_

Activity/Fundraiser: \_\_\_\_\_

Date of Activity/Fundraiser: \_\_\_\_\_ Time of Activity/Fundraiser: \_\_\_\_\_

Location of Activity/Fundraiser \_\_\_\_\_

School Equipment Needed (i.e. P.A. System, tables, chairs, etc.): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Purchase orders need to be completed and approved at least 2 weeks prior to the activity.**

Cost of Activity: with ASB card \_\_\_\_\_ w/out ASB card: \_\_\_\_\_

Estimated # of participants: \_\_\_\_\_ Actual # of participants: \_\_\_\_\_

A) Estimated income from activity: \_\_\_\_\_ A) Actual income: \_\_\_\_\_

B) Estimated cost of activity: \_\_\_\_\_ B) Actual cost: \_\_\_\_\_

C) Estimated PROFIT / LOSS from activity: \_\_\_\_\_ C) Actual PROFIT / LOSS: \_\_\_\_\_  
 (Subtract B from A) (Subtract B from A)

D) Profit Monies to be used for? \_\_\_\_\_

**Be Specific: Awards, (including student incentives), Cloth, Equipment, Supplies, Party, Team/Club Dinner, Field Trip, etc.**

Requested by: \_\_\_\_\_

ASB Clerk

Date

**ACTIVITY APPROVED BY:**

\_\_\_\_\_  
 Student Advisor's Signature Date

\_\_\_\_\_  
 Student Council Representative Date

\_\_\_\_\_  
 Coach/Advisor's Signature Date

\_\_\_\_\_  
 Director of Student Activities Date

\_\_\_\_\_  
 Principal Date