



CARLSBAD HIGH SCHOOL ASSOCIATED STUDENT BODY

3557 Lancer Way, Carlsbad, CA 92008 – Phone (760)331-5156 – Fax (760) 729-6830

BOOSTER FUNDRAISER REQUEST FORM

Booster Organization Name: _____ Today's Date: _____

Date(s) of Fundraiser: _____

Time of Fundraiser: From _____ To _____

Location of Fundraiser: _____

Description of Fundraiser: _____

Event Contact Person: _____

Phone: _____ E-mail: _____

Name of ASB/Athletics Club Being Supported: _____

Name of ASB/Athletics Club Advisor: _____

Status of Event (Check One): ☐ New Event ☐ Held Previously (# of Years): _____

How Much is Anticipated in Income? _____

How Much is Anticipated in Expenses? _____

Club Advisor Signature: _____

APPROVALS:

ASB Recommendation: ☐ Yes ☐ No Student Council Rep Signature: _____

Site Administrator Recommendation: ☐ Yes ☐ No Site Administrator Signature : _____

☐ Disapproved

Reason for Disapproval: _____