



CARLSBAD HIGH SCHOOL ASSOCIATED STUDENT BODY

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

ASB FUNDRAISER REQUEST FORM

Club Name: _____ Today's Date: _____

Date(s) of Fundraiser: _____

Time of Fundraiser: From _____ To _____

Location of Fundraiser: _____

Description of Fundraiser: _____

Club Contact Person: _____

Phone: _____ E-mail: _____

Club Advisors Name: _____

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

Will funds be handled by club directly? Yes No

BUDGET PLAN: Ticket Sales

Cash Box/Tickets required? Yes No

If Yes, What are Ticket Prices? _____

(Ticket Summary Form will need to be completed at end of fundraiser & turned in with Currency, Cash Box, & Remaining Tickets.)

BUDGET PLAN: All Other Items

Cash Box required? Yes No

Number of Items Purchased for Sale: _____

How Much is Anticipated in Income? _____

How Much is Anticipated in Expenses? _____

(Revenue Summary Form will need to be completed & turned in with Currency & Cash Box)

Club Advisor Signature: _____

APPROVALS:

☐ Calendar Verified ☐ Clubs Annual Renewal Packet ☐ ASB Approved

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

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

☐ Disapproved / Reason for Disapproval: _____

Learning Today, Leaders Tomorrow!