Ann Sobrato High School
401 Burnett Ave
Request for Approval: Fund Raising Event

Date: _____

Proposed Event/Fundraiser: _____

Description: _____

_____

_____

_____

Requesting Club/Organization: _____

Proposed Date(s) of Event: _____

Club Contact Person: _____

Club Advisor: _____

Location of Proposed Activity: _____

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

Budget Plan for Activity (Attach Description)

Club Representative (name, signature, date) _____

Club Advisor (name, signature, date) _____

Office Use Only

Student Council Recommendation (circle) Yes No

Student Council Representative (name, signature, date) _____

Principal or Designee Action (circle) Yes No

Principal or Designee (name, signature, date) _____