

# ACTIVITY REQUEST FORM

Organization \_\_\_\_\_ Date Submitted \_\_\_\_\_

Type of activity requested \_\_\_\_\_

Hours Desired \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

School Equipment Requested \_\_\_\_\_

Clean-Up Chairman \_\_\_\_\_

Class/Club Minutes MUST be attached regarding this activity. Yes it is attached \_\_\_\_\_ No it is not \_\_\_\_\_

DJ or Band Secured Yes \_\_\_\_\_ No \_\_\_\_\_ Cash Box Requested Yes \_\_\_\_\_ No \_\_\_\_\_

**IF fund raiser – complete reversed side.**

**IF dance, chaperones and school staff supervisors forms must be completed signed and attached.**

\_\_\_\_\_  
Name of chaperone/staff member

\_\_\_\_\_  
Name of chaperone/staff member

\_\_\_\_\_  
Name of chaperone/staff member

\_\_\_\_\_  
Name of chaperone/staff member

\_\_\_\_\_  
Name of chaperone/staff member

\_\_\_\_\_  
Name of chaperone/staff member

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REQUEST GRANTED Yes \_\_\_\_\_ No \_\_\_\_\_

**REASON:**

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

\_\_\_\_\_  
Class/Club President Date

\_\_\_\_\_  
Class Advisor Date

\_\_\_\_\_  
ASB Social Chairman Date

\_\_\_\_\_  
ASB Advisor Date

\_\_\_\_\_  
ASB President Date

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

Activity slip must be turned into the Social Chairman for approval by ASB council. Make sure you have the slip turned in at least two weeks before you want the event and in time for the ASB to approve it.

# ASB PROJECT FORECAST

Date \_\_\_\_\_

Organization \_\_\_\_\_

Acct. No. \_\_\_\_\_

This is an estimate of the profit to be made from this fundraiser.

## REVENUE: (items sold)

	# of Units	X	Unit Price	=	Revenue
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
<b>TOTAL PROJECTED REVENUE</b>					_____

## TOTAL COST: (from vendor quote or catalog, including freight & taxes / as well as any other expenses)

	# of Units	X	Unit Price	=	Cost
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
<b>TOTAL PROJECTED COST</b>					_____

## EXPECTED PROFIT: (total revenue minus total cost)

**EXPECTED PROFIT** \_\_\_\_\_

**PREPARED BY:** \_\_\_\_\_

Student Activity Officer or Activity Advisor

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## RE-EVLUATION OF PROJECT

Did meet expected profit \_\_\_\_\_ Over expected profit \_\_\_\_\_ Under expected profit \_\_\_\_\_

IF OVER OR UNDER PLEASE EXPLAIN WHY

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

Date: \_\_\_\_\_

ASB Social Chairman \_\_\_\_\_

ASB Advisor \_\_\_\_\_