Mission San Jose High school Club Fundraiser/Activity Form

Club/Class Name _____

Staff/Advisor _____

Dates of Fundraiser/Activity _____

Type of Fundraiser/Activity:

- ☐ Food Sale
- ☐ Clothing
- ☐ Other, Specify _____

Fundraiser/Activity Location

- ☐ On Campus
- ☐ Off Campus

Where? _____

Will food be sold?

- ☐ Yes
- ☐ No

If yes, then:

How many food sales have been done by your organization this year? _____

Description of food being sold: _____

_____

_____

DETAILS

Purpose of Fundraiser/Activity _____

_____

Brief Description of Fundraising Items _____

Supplier's Name _____

Club President: _____ Club President's Email: _____

Club Treasurer: _____ Club Treasurer's Email: _____

Club Advisor: _____ Club Advisor's Email: _____

Agreement for unsold Items at the end of the Fundraiser?

NA _____

Expected Revenue = $ _____

Expenditures = $ _____

Expected Profit = $ _____

TURN IN COMPLETED FORM (**SIGNED BY CLUB REPRESENTATIVES & CLUB ADVISOR'S SIGNATURES**) TO ASB

APPROVALS

Club Advisor _____ **Date** _____

ASB Treasurer _____ **Date** _____

Activities Director _____ **Date** _____

Principal _____ **Date** _____