



Associated Student Body

1120 Eastlake Parkway Chula Vista, CA 91915

Tel. (619) 397-3850 Fax. (619) 397-3950

www.eastlakehs.org

Voluntary Fundraising Participation Notice

Date: _____

Dear Parent / Guardian,

_____ is participating in a fundraiser to purchase / pay for
Club, Class, Team, Group

_____ *Description of purpose of fundraiser. Item(s), registration to, entrance to, transportation, tournament fees, etc.*

We will be _____ for \$ _____
Activity(ies), selling -item(s)-, collecting donations, other *per unit, packet, other*

Parents and students are encouraged to participate in this fundraiser with the understanding that participation is completely voluntary and that participation in fundraising does not impact your student's ability to participate in our group's activities.

We are also accepting voluntary donations and will provide you with a Tax Free ID number for your records upon request. Donations are not mandatory, and are not required in order for your student to participate in our program. Privileges related to educational activities may not be given or removed in exchange for donations of services.

We may also provide prizes and/or recognition for our top fundraisers. Thank you in advance for supporting _____.
Club, Class, Team, Group

I acknowledge that my student's and my participation in fundraising or donating is completely voluntary and is NOT a requirement or condition for participation.

Student name

Student signature

date

Parent/guardian name

Parent/guardian signature

date

"Sweetwater Union High School District programs and activities shall be free from discrimination based on age, gender, gender identity or expression, or genetic information, sex, race, color, religion, ancestry, national origin, ethnic group identification, marital or parental status, physical or mental disability, sexual orientation; the perception of one or more of such characteristics; or association with a person or group with one or more of these actual or perceived characteristics." SUHSD Board Policy 0410

Sweetwater Union High School District

ACTIVITY OR FUNDRAISER APPLICATION

NOTE: APPLICATION MUST BE SUBMITTED TWO WEEKS PRIOR TO REQUESTED DATE TO BE APPROVED. APPLICATION MUST BE APPROVED BY ASB CABINET PRIOR TO ACTIVITY/FUNDRAISER.

Name of Organization _____ Date Submitted _____

Name of Advisor _____ Name of President _____

PROPOSED ACTIVITY

NOTE: IT IS NOT THE RESPONSIBILITY OF THE ASB TO PROVIDE SUPPLIES/EQUIPMENT

Name of activity or type of fundraiser _____

Location of activity or items to be sold _____

Date of Activity:

First Choice _____ Alternate Choice _____

Time of activity: From _____ am/pm To _____ am/pm

Ticket/Item selling price _____ Cash Box/Tickets required? Yes or No

NOTE: IF TICKETS ARE REQUIRED, ATTACH A SAMPLE TO APPLICATION AND MAKE SURE ALL TICKETS ARE NUMBERED PRIOR TO SELLING.

Purchase Order Required? Yes or No _____ (If yes, attach it to application)

Number of Items Purchased for Sale _____ @ \$ _____ each = \$ _____

How much Income do you anticipate? \$ _____ How much in Expenses? \$ _____

How will profit be used? _____

Signature of Club Advisor _____ Date _____

Signature of Student Representative _____

REVENUE RECONCILIATION

NOTE: REVENUE ANALYSIS IS DUE TWO WEEKS AFTER CLOSE OF FUNDRAISER

1. How much money was deposited for this fundraiser? \$ _____

2. How much money was spent on this fundraiser \$ _____

3. Actual profit or loss (Line 1 Minus 2) \$ _____

If loss, explain reason? (returns, losses, unsold items)

ATTACH DEBT LIST

ASB USE ONLY

DATE APPROVED FOR/RECORDED ON MASTER CALENDAR _____

DISAPPROVED/REASON FOR DISAPPROVAL _____

RECORDED IN ASB CABINET MINUTES DATED _____

ASB Student Representative Signature _____ Date _____

ASB Advisor / AP-Student Activities Signature _____