



# 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 \_\_\_\_\_