

**Aliso Niguel High School
28000 Wolverine Way
Aliso Viejo, CA 92656**

Request for Approval: Fundraising Event

Date: _____

Proposed Event: _____

Description: _____

Requesting Booster/Trust/Organization: _____

Proposed Date(s) of Event: _____

Booster/Trust Contact Person: _____

Team Coach/Advisor: _____

Location of Proposed Activity: _____

Budget Projection:

	Item 1	Item 2	Item 3	Item 4
Quantity and Description of item(s) sold:	_____	_____	_____	_____
Total cost of item(s) sold: (How much these items cost you)	\$ _____	\$ _____	\$ _____	\$ _____
Projected sales price: (Price you are charging for the individual item)	\$ _____	\$ _____	\$ _____	\$ _____
Projected total revenue:	_____	_____	_____	_____
Less projected total costs:	(_____)	(_____)	(_____)	(_____)
Projected net profit:	\$ _____	\$ _____	\$ _____	\$ _____

Booster Representative (name, signature, date) _____

Team Coach/Advisor (name, signature, date) _____

Team Coach/Advisor Recommendation (circle) **Yes No**

Superintendent or Designee Action (circle) **Yes No**

Superintendent or Designee (name, signature, date) _____