

# NIGHTHAWK STUDENT LEADERSHIP

## LEADERSHIP • INTEGRITY • SERVICE

42200 NIGHTHAWK WAY • MURRIETA, CA 92562 • (951) 696-1408 •

Organization: \_\_\_\_\_

Name of Activity/Fundraiser: \_\_\_\_\_ Date(s) of event: \_\_\_\_\_

Person in charge of event: \_\_\_\_\_ Location: \_\_\_\_\_

Signature of person in Charge/Clean-up: \_\_\_\_\_ Time: \_\_\_\_\_

(Organization MUST provide chaperones for lunch time fundraiser activities)

What type of Sponsored Event (place check in box)

ASB or Booster (Athletic/Club)

If on campus, did you fill out a use of Facilities request?

Yes or No

*(Gym usage must be approved by Athletic Director)*

Is security necessary for the event?

Yes or No

If yes, has security been confirmed?

Yes or No

Is a site administrator necessary for the event?

Yes or No

Will money be collected at this event?

Yes or No

How many people expected to attend the activity?

\_\_\_\_\_

If food/drink items are sold, do the items meet the nutritional standards for foods sold during the school day?

(See district website for guidelines)

Yes or No

Special equipment or A.V.: \_\_\_\_\_ (if needed)

Arrangements made with Custodial Department: \_\_\_\_\_ (Night Custodian or Principal Signature)

### REVENUE POTENTIAL/FUNDRAISING RECAP

CLUB/ORGANIZATION: \_\_\_\_\_ DESCRIPTION OF ITEM FOR SALE: \_\_\_\_\_

Purchase Price: \$ \_\_\_\_\_ (Total to pay to vendor) Selling Price: \$ \_\_\_\_\_

# of Items Purchased \_\_\_\_\_ Potential Income: \$ \_\_\_\_\_ (# of items selling price)

*To be completed and signed by ASB*

_____	_____	_____	_____	_____	_____
Activities Director	Date	ASB President	Date	Commissioner of Club/Funds	Date

Approved

Denied

Principal's (or designee's) signature: \_\_\_\_\_ Date \_\_\_\_\_