

Lincoln High School

2020-2021 FUNDRAISING REQUEST FORM

The ASB Council is required to approve any fundraising activity. You must have this form approved prior to your fundraiser. Once approved, you are required to deposit any funds raised to the Finance Office daily.

Student Making Request: _____

Club Name: _____

Certificated Faculty Club Advisor: _____

Today's Date: _____

Description of Fundraiser: _____

Purpose of Income: _____

Proposed Date(s) of Sale: _____

Facility Needed (if any): _____

Student Signature_____
Certificated Faculty Advisor Signature-----
(For ASB Use Only)Date Received: _____ ☐ Fundraiser Approved ☐ Fundraiser Not Approved

Reason: _____

Fundraising Activity: _____ Approved Sale Date(s): _____

ASB Commissioner of Clubs/Fundraising_____
ASB Advisor_____
Principal or Admin Designee