

JOHN F. KENNEDY FUNDRAISER Form

Please complete everything on form

Questions ?? – See Ms. Facha or Ms. Mulcahy

Must turn in to the Business Office or Room 156 by 2:30 on Monday –
ASB Meetings on Wednesday

Club/Class Name _____ Club/Class Advisor _____

Desired Fundraiser:

(Remember to include the date, time, and location)

Please Circle one: (Where will the money be deposited?) ASB Boosters PTSA Other: _____
The profit from the fundraiser will be used for:

(Remember, you CANNOT donate to a non-profit.)

Beginning date of fundraiser _____ Ending date: _____
(There is a one month limit for fundraisers.)

Product/service (What are you selling?) _____

Vendors name (Who makes the product?) _____

(YOU CAN NOT MAKE FOOD TO SELL on campus and food sales are not allowed during the day from 30 minutes before school starts to 30 minutes after school ends)

*****Calculate Profit expectation

Expected Revenue (What do you think you will/want to make?) \$ _____

Total Cost (Subtract cost of product, flyers production cost, reimbursements) \$(_____)

Don't forget the shipping and tax. Subtract the Tax/shipping \$(_____)

****You will need custodial for events held after hours at JFK. \$(_____)

(\$60 per hour, per 150 people)

Expected net profit \$ _____

If selling a product, please answer the following questions: (Please make sure that you write very specific answers. (Remember this is a professional document that is seen by the IRS and Auditors.)

1) What is the agreement for unsold items at the end of the fundraiser?

2) Security procedures: How and where will you secure unsold materials?

3) Who will be responsible for finances? _____

4.) If necessary, use of facilities has been cleared by A. Kiester: _____
A. Kiester Signature

THIS FORM MUST BE FILLED OUT PROPERLY IN ORDER FOR YOUR FUNDRAISER TO BE APPROVED AT THE NEXT STUDENT COUNCIL MEETING. FOOD SALES MUST BE PRE-APPROVED BY FOOD SERVICES AND THE PRINCIPAL. ALL ACTIVITIES MUST ALSO BE APPROVED BY THE PRINCIPAL

Club Representative (Student)

Date

Club Advisor

Date

ASB Treasurer/ASB Secretary

Date

Athletic Director for Sport Request Only

Date

YOU WILL NOT obtain the signatures below. These will be obtained upon approval in the ASB Meeting minutes.

Activities Director

Date

Principal

Date