

Troy Jr./Sr. High School ASB Fundraiser Approval Form

Activity / Sport _____

Dates of Fundraiser

Activity Advisor _____

Start _____

Requesting Organization _____

End _____

Fundraiser Description and Purpose: _____

Location of Fundraiser: _____

Items being Sold: _____

Item Unit Cost to Organization: _____

Resale Cost per Unit / Item: _____

Expected Profit per Unit/Item: _____

Total Expected Profit from Fundraiser: _____

Plan for Unsold Units/Items: _____

Additional Comments/Needs: _____

Troy Jr./Sr. High School Record of Approval / Disapproval of Fundraiser Section

Advisor Signature _____

Advisor Printed Name _____

ASB President Signature _____

Date _____

ASB Advisor Signature _____

Date _____

Principal Signature _____

Date _____

Some fundraisers may have additional guidelines set forth by school or district mandates. Some may have state or federal guidelines. Examples may include but not limited to nutritional guidelines on fundraising activities. For questions please contact Student Council Advisors or the Building Principal 208-835-2361.