

Squalicum High School PTSA
Parent Athletic/Activity Committee Fundraising Form
(must be completed and approved prior to the start of the fundraiser)

Date: _____

Committee: _____

Fundraising Activity: _____

Anticipated Start Date: _____ Anticipated End Date: _____

Participants: # of Students _____ # of Parents _____

Describe briefly the fundraising activity. Include where it will be conducted, who will be participating, what will be sold, and any other pertinent information. Flyers or other information may be attached.

Authorized by: _____
(must be PA/AC Chair or Financial Manager)

Telephone: _____ E-mail: _____

Proposed Fundraising Activity Budget:

<u>Income</u>	<u>Expenses</u>
\$ Collected: _____ <small>(product sold, registration fees, etc)</small>	Payment to vendor: _____ <small>(cost of product sold)</small>

Donations: _____ Other Expenses: _____

Total Income: _____ Total Expenses: _____

Return the completed form to the PTSA VP for PA/AC for approval.

DO NOT sign any fundraising vendor contracts. All contracts must be approved and signed by a PTSA officer.

SQHS Athletic Director: _____ Date: _____

PTSA VP for PA/AC: _____ Date: _____

Date Approved by PTSA Board: _____