VALENCIA HIGH SCHOOL
ASSOCIATED STUDENT BODY

REQUEST FOR APPROVAL: FUND RAISING EVENT

Date: _____

Proposed Event: _____

Description: _____

_____

_____

_____

Requesting Club/Organization: _____

Proposed Date(s) of Event: _____

Club Contact Person: _____

Club Advisor: _____

Location of Proposed Activity: _____

Status of Event (circle one): New Event Held Previously (Years): _____

Budget Plan for Activity (Attach Description)

Other Background Information (such as other schools or clubs that have held similar events): _____

_____

Club Representative (name, signature, date) _____

Club Advisor (name, signature, date) _____

Student Council Recommendation (circle) Yes No

Student Council Representative (name, signature, date) _____

ASB Director Action (circle) Yes No

ASB Director (name, signature, date) _____