

**FORM AHF-1: Fundraiser Application & Authorization**

**General Information:**

Campus: \_\_\_\_\_ Organization: \_\_\_\_\_

**Fund Raiser Information:**

A. What type of merchandise or service will be sold or provided? \_\_\_\_\_  
\_\_\_\_\_

B. How will the merchandise or service be sold or provided (e.g. catalog sales, individual sales to students on campus, prepaid orders, etc.)  
\_\_\_\_\_

C. Vendor Name: \_\_\_\_\_ Representative: \_\_\_\_\_

Address & Phone No.: \_\_\_\_\_  
\_\_\_\_\_

D. Fund raiser will be conducted from \_\_\_\_\_ to \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year)

E. Funds generated will be used for (please describe): \_\_\_\_\_  
\_\_\_\_\_

**Projected Sales & Expenses:**

**Total projected sales:** \$ \_\_\_\_\_

**Total projected expenses:** \$ \_\_\_\_\_

**Projected Net Profit:** \$ \_\_\_\_\_

**Sponsor Certification:**

I hereby certify that the Financial Recap (form AHF-1) will be completed and submitted to the Principal within 30 days after the conclusion of the fund-raising activity. In addition, I certify that all monies collected will be deposited **daily** to the campus secretary in accordance with the District's policy.

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization:       Approved                       Disapproved

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_