

Brighton Central School Fund Raising Request Form

Approved

Declined

Pending BOE

Department: Co-Curricular

Athletics

VPA

Club/Organization: _____

Purpose: Fund Raising Event

Service Project

Other (Explain)

Transportation: Not Required

District Request
(complete request form)

Student
(complete permission forms)

Requested Date: _____

(Start date)

(End Date)

Location of Requested Event: _____

Complete Facilities Use Form (See BCSD.org) as needed.

Description of requested activity. (Attach documents as needed) _____

Please include information on planned advertising (Attach documents as needed) _____

Anticipated number of students involved: _____

Number of adult chaperones required: _____ (NOTE: Adult: Student Event Ratios)

1:5 Active "curb-side" advertising/selling 1:10 Active Events (ex. car wash) 1:20 Passive Events (ex. tabletop sales/booths)

Description of supervision plan (Attach a document as needed): _____

Faculty/Staff Advisor: _____

(print)

(signature)

Student Leader: _____

(print)

(signature)

Chief Faculty Advisor/Director of Athletics/Director of VPA: _____

(signature)

Submission Date: _____

Received Date: _____

FUND RAISING ACTIVITY: EXPENSES WORKSHEET

Section 1: Projected Income . Fill in all that apply to your planned activity.

Ticket Cost: _____ Item Cost: _____

 Donation Amount: _____

Section 2: Projected Expenses. Please itemize your planned expenses by category and amount.

Category	Specific Item	Planned Cost
Material Goods (decorations, t-shirts, etc)		
Service Providers (DJ, Photographer, Guest Speaker, etc)		
Food Items		
Rental Fees		
Transportation/Travel		
Prizes/Gifts		
Sales Tax 4% Clothing 8% All other		
Other		

Section 3: Project Profits (after expenses): _____

 Advisor

 Club President

 Advisor

 Club Treasurer