

## ELK GROVE HIGH SCHOOL FUNDRAISER WORKSHEET

**Student Sponsored Fundraiser**

**Booster Sponsored Fundraiser**

Complete this worksheet no later than 60 days PRIOR to date of fundraising activity. Activity must be approved PRIOR to committing/ obligating any funds for the activity. Students are not required to participate in fundraisers and no minimum quantity or sales are required of students that do participate. Students are not to solicit door-to-door.

Student sponsored fundraisers: For each item listed as an expense a PO request with estimates, quotes, etc. and facilities use form must be attached to this worksheet.

**Sponsoring Group/club/booster name:** \_\_\_\_\_ **Date submitted:** \_\_\_\_\_

**Describe the fundraiser:** \_\_\_\_\_

**Proceeds to be used for:** \_\_\_\_\_ **Posted to**  **Team**  **Student Account**

**Type of fundraiser:**  **Dance**  **Performance**  **Carwash**  **Tournament/Camp**  **Candy/Cookies**

**Other: (specify)** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Start date:** \_\_\_\_\_ **End date:** \_\_\_\_\_

**Advisor/Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### Income/Expenses Estimates

	Vendor	Income	Expenses	FTF Completed
<b>Income</b>				
General funds (current funds available)				
Item Sales (estimated number _____ x price \$ _____)				
Donations (specify)				
Other (specify)				
<b>Expenses</b>				
Facility/venue				
Decorations				
DJ/Officials				
Entertainment (specify)				
Food				
Other (specify)				
Other (specify)				
Other (specify)				
Transportation				
Kitchen \$24 avg per hr (estimated hours) _____	EGUSD			
Custodial \$33 hr/Sat # hrs: _____ \$44 /Sun # hrs: _____	EGUSD			
Security Campus Security 1/50 people/\$26 avg p/hr after school/wkends (# hrs) _____ Off-duty Sac Co Sheriff req for multi-school events \$68 hr (# hrs) _____	EGUSD Sheriff			
Advisor substitute \$180 avg per day (estimated # days) _____	EGUSD			
<b>Totals</b>				
<b>Profit/Loss</b> income less expenses				

Advisor/Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Site Controller Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_

Activities Director Approval (ASB groups only): \_\_\_\_\_ Date: \_\_\_\_\_

Principal Approval: \_\_\_\_\_ Date: \_\_\_\_\_