



Matilda Torres High School

16645 Rd. 26
Madera, CA 93638

Fundraiser Request

Requesting Club/Team/Organization: _____

Fundraiser Name: _____

Student Contact: _____ Email: _____

Faculty Advisor/Coach: _____

Fundraiser Start Date: _____ Fundraiser End Date: _____

Fundraiser Description:

Location of Fundraiser (Check One): On Campus Off Campus Both

Estimated Budget

Expenses

of Items Purchased: _____ X Cost of each item: \$ _____ = Total Expenses \$ _____

Income

of Items Sold: _____ X Selling price of each item: \$ _____ = Total Profit \$ _____

Potential Income (Profit – Expenses) \$ _____

Submitted By:

	Print Name	Signature and Date
Club Officer		
Club Advisor/Coach		

Approval:

____ Approved – Date of Approval: _____

____ Approved with Notes: _____

____ Denied – Reason: _____

	Print Name	Signature and Date
ASB Officer		
Activities Director	Bryan Speed	
Administrator		