

**Squalicum High School PTSA**  
**Parent Athletic/Activity Committee Fundraising Form**  
(must be completed and approved prior to the start of the fundraiser)

Date: \_\_\_\_\_

Committee: \_\_\_\_\_

Fundraising Activity: \_\_\_\_\_

Anticipated Start Date: \_\_\_\_\_ Anticipated End Date: \_\_\_\_\_

Participants: # of Students \_\_\_\_\_ # of Parents \_\_\_\_\_

Describe briefly the fundraising activity. Include where it will be conducted, who will be participating, what will be sold, and any other pertinent information. Flyers or other information may be attached.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorized by: \_\_\_\_\_  
(must be PA/AC Chair or Financial Manager)

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Proposed Fundraising Activity Budget:**

<u>Income</u>	<u>Expenses</u>
\$ Collected: _____ <small>(product sold, registration fees, etc)</small>	Payment to vendor: _____ <small>(cost of product sold)</small>
Donations: _____	Other Expenses: _____
Total Income: _____	Total Expenses: _____

Return the completed form to the PTSA VP for PA/AC for approval. **DO NOT sign any fundraising vendor contracts.** All contracts must be approved and signed by a PTSA officer.

-----To be completed by PTSA VP-----

Date ASB Secretary E-Mailed: \_\_\_\_\_

PTSA VP: \_\_\_\_\_ Date: \_\_\_\_\_