

## South Kitsap High School Band Boosters Fundraising Recommendation Form

*Your contact information:*

|                 |  |               |  |
|-----------------|--|---------------|--|
| <b>Name:</b>    |  |               |  |
| <b>Address:</b> |  |               |  |
|                 |  |               |  |
| <b>Phone:</b>   |  | <b>Email:</b> |  |

*Fundraising Idea Information:*

|   |
|---|
| <b>Proposed Fundraising Idea Title:</b> |
| <b>Description:</b>                     |
|   |
|   |
|   |

|   |                                |                                    |  |
|---|--------------------------------|------------------------------------|--|
| <b>Proposed Dates/Duration of fundraiser:</b>   |                                |                                    |  |
| <b>Location:</b>                                |                                |                                    |  |
| <b>Estimated number of required volunteers:</b> |                                |                                    |  |
| <b>Estimated expenses:</b>                      |                                |                                    |  |
| <b>Estimated revenue:</b>                       |                                |                                    |  |
| <b>Your involvement?</b>                        | <input type="checkbox"/> Chair | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Both <input type="checkbox"/> Other _____ |

*Who do we contact to move forward with the fundraising activity/event?*

|                 |  |               |  |
|-----------------|--|---------------|--|
| <b>Name:</b>    |  |               |  |
| <b>Address:</b> |  |               |  |
|                 |  |               |  |
| <b>Phone:</b>   |  | <b>Email:</b> |  |

*I understand all fundraising activity must be approved by the South Kitsap High School Band Boosters Board by majority vote.*

|                   |  |                        |  |
|-------------------|--|------------------------|--|
| <b>Signature:</b> |  | <b>Date Submitted:</b> |  |
|-------------------|--|------------------------|--|

*Booster Board Use Only:*

|   |                              |                             |                                   |                              |                             |
|---|------------------------------|-----------------------------|-----------------------------------|------------------------------|-----------------------------|
| <b>Date Received:</b>   |                              |                             |                                   |                              |                             |
| <i>Is this a prior fundraiser?</i>                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, was it profitable?</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>Is there sufficient support to execute this event?</i>             |                              |                             | <input type="checkbox"/> Yes      | <input type="checkbox"/> No  |                             |
| <i>Is there any reason we should not conduct this activity/event?</i> |                              |                             |                                   |                              |                             |