

WENATCHEE HIGH SCHOOL FUND RAISER PETITION

CLUB OR ACTIVITY _____

ADVISOR _____

CHAIRPERSON IN CHARGE OF REVENUE _____

CHAIRPERSON IN CHARGE OF SALES _____

DESCRIBE FUND RAISER IN DETAIL _____

WHERE WILL FUND RAISER BE HELD? _____

DATE AND TIME _____

ADMISSION CHARGE OR COST OF PRODUCT _____

WHAT ARE PROFITS TO BE USED FOR? _____

APPROVED SUBJECT TO REVIEW BY ASB ACCOUNTANT _____

NOT APPROVED FOR THE FOLLOWING REASON _____

ASB ACTIVITIES COORDINATOR _____

CHECK WITH TAMI WALTERS, ASB ACCOUNTANT, TO SET UP ACCOUNTING PROCEDURES

_____ REVIEWED REQUIRED ACCOUNTING POLICIES &

CLUB/ACTIVITY NAME

AND WE AGREE TO COMPLY AND SUBMIT FINAL PROFIT ANALYSIS & OTHER

REQUIRED DOCUMENTATION UPON COMPLETION OF OUR FUND RAISER.

ADVISOR SIGNATURE _____ DATE _____

FINAL APPROVAL _____ PO # _____

ASB ACCOUNTANT TAMI WALTERS

STUDENT APPROVAL _____ DATE _____