

**Bisbee Unified School District #2**

519 W. Melody Ln.

Bisbee, AZ 85603

**FUNDRAISING REQUEST & REVENUE POTENTIAL**

**Student Activity Fund**

*This request form must be received by the Business Manager's Office at least three (3) weeks prior to the date of the requested activity.*

Date Submitted: \_\_\_\_\_ Club Name: \_\_\_\_\_

Fundraising Date(s): \_\_\_\_\_

Description of Fundraising Activity and Purpose:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Club President: \_\_\_\_\_

Club Sponsor: \_\_\_\_\_

Council Representative: \_\_\_\_\_

1. Purchase Cost	\$ _____
2. # of Items Purchased	_____
3. Selling Price	\$ _____ /each
<b>****Multiply #2 by #3 to get:</b>	
4. Potential Income	\$ _____

\_\_\_\_\_  
School Administrator

Approved:  Yes  No

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

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

\_\_\_\_\_  
Business Manager

Approved:  Yes  No

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