



# ASB ANNUAL SITE FUNDRAISERS

**COMPLETE THIS FORM AT THE BEGINNING OF THE SCHOOL YEAR AND SUBMIT TO PRINCIPAL.**

**ALL FOOD FUNDRAISERS MUST BE HELD OUTSIDE OF SCHOOL HOURS.**

**School Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Account #:** \_\_\_\_\_ **Account Name:** \_\_\_\_\_

Fundraiser	Description	Date(s)	Est. Revenue

**Submitted by:** \_\_\_\_\_  
Print Name Signature Date

**Principal:** \_\_\_\_\_  
Print Name Signature Date