

**ISSAQUAH HIGH SCHOOL BOOSTER CLUB  
FUNDRAISING REQUEST**

**Sport:** \_\_\_\_\_ **Team (if specific):** \_\_\_\_\_

**Advisory Committee Chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**A. Request for Fundraiser:** (at least two weeks prior to the start of the fundraiser)

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

Intended Use for Proceeds: \_\_\_\_\_

Estimated Revenue: \_\_\_\_\_ Estimates Expense: \_\_\_\_\_

Est. Revenue – Est. Expense = Est. Profit: \_\_\_\_\_

Dates of Fundraiser: Start: \_\_\_\_\_ End: \_\_\_\_\_

**B. Other Expected Collections:** (non-donations. (team meals, training, camps, etc.))

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a. Activity: \_\_\_\_\_

Estimated Revenue: \_\_\_\_\_ Estimates Expense: \_\_\_\_\_

Collection Dates: Start: \_\_\_\_\_ End: \_\_\_\_\_

b. Activity: \_\_\_\_\_

Estimated Revenue: \_\_\_\_\_ Estimates Expense: \_\_\_\_\_

Collection Dates: Start: \_\_\_\_\_ End: \_\_\_\_\_

**C. Submission**

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Advisory Committee Lead Signature: \_\_\_\_\_

Coach Signature & Date: \_\_\_\_\_

**D. Approvals**

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Booster Club President Signature: \_\_\_\_\_

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

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