



# FUNDRAISER REQUEST FORM

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**Sponsoring PSG**

**Date Submitted**

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**Person Responsible**

**Phone**

**Email Address**

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**Address**

**Est. Gross Income**

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**Facilities Requested**

**Date of Event**

(If Using a TVUSD Site, please Attach a Copy of the TVUSD Site Use Form)

**EVENT DETAILS**

**Nave of Event, Time Fame, Address of Fundraiser, If a Flyer Needs to be Present at Time of Purchase, etc...**

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**USE OF PROCEEDS**

**How will your PSG spend the money you raise?** \_\_\_\_\_

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**ANTICIPATED EXPENSE INCURRED IN CONJUNCTION WITH THIS EVENT**

**What will you need to purchase AND how much will you spend in order to hold this fundraiser?**

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**PSG APPROVAL** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CHSEF APPROVAL** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CHS ACTIVITIES APPROVAL** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CHS PRINCIPAL APPROVAL** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email Request to Tom Flynn/chspumamarketing@gmail.com or Fax: 951.880.0877**