

**RUHS CCT BOOSTER CLUB
FUND RAISER REQUEST**

To: RUHS CCT Booster Club Board

Date Submitted: _____

From: _____ Sponsor (person responsible)
_____ Name of Fund raiser (e.g., Comedy Magic Club...)
_____ Event to benefit from fundraiser

1. Description of proposed fund raiser: Name of vendor and merchandise to be sold. Attach Cost/Sales breakdown of merchandise. **VENDOR MUST PROVIDE RUHS BOOSTER CLUB WITH THIS INFORMATION**, (company documents/invoice).

Are items to be donated? _____ If yes, list potential merchants to be contacted

_____ (attach separate sheet if needed)

2. Dates Desired: From _____ To _____

3. Budget: Expected Receipts \$ _____
Expected Costs \$ _____
Expected Profit \$ _____

4. Intended use of profit if other than RUHS CCT Program: (e.g., Scholarship award...)

5. Will sales be completed prior to ordering merchandise? _____

6. If it is an event, will admission be charged? _____ If yes, how much \$ _____
Will cash box and start-up money be required? _____ If yes, how much \$ _____
Will PayPal button be required on the runruhs booster website? _____ If yes,
Price \$ _____ QTY _____ description: _____

7. I understand all funds collected from our sales must be turned into the Treasurer of the RUHS CCT Boosters Club daily or as practicable (do not hold money more than 1 week). Any financial transactions relating to our fund raiser must be submitted to the RUHS CCT Boosters Club. I also understand and agree to prepare a completion report at the close of the fund raiser with the assistance of an RUHS CCT Booster Board member, if needed.

Recommendation:

Approved ___ Disapproved ___ _____ Date _____

RUHS CCT Booster Club President

Approved ___ Disapproved ___ _____ Date _____

RUHS CCT Booster Club Vice President

Approved ___ Disapproved ___ _____ Date _____

RUHS CCT Booster Club Treasurer

Approved ___ Disapproved ___ _____ Date _____

RUHS CCT Booster Club Secretary

File: Treasurer RUHS CCT Booster Club
Secretary RUHS CCT Booster Club