

Sequim Schools Athletic Booster Club -- Event / Project Planner
SSABC, P.O. Box 3284, Sequim, Washington 98382

Date of event: _____ Sport - Team: _____

Event or Project: _____

Fundraiser Coordinators:

_____ Phone _____
Phone _____
Phone _____

Event Location: _____ Contact: _____

Time of Event: _____ to _____

Estimated Cost: \$ _____ Details on items needed: _____

**Projected
Income: \$** _____

(SSABC will **ACTUAL**
fill out later) **Income: \$** _____

FUNDRAISING REVENUE GENERATED BY: Parents or Students, or BOTH?

Number of Parents:
Parent PERCENTAGE %

Number of Students:
Student PERCENTAGE %

**IF percentage of parents is below 100%, revenue will need to be shared with ASB.
Include COPY of this form with your ASB form turned into your school office for approval.**

NOTES: _____

- DID YOU?**
- 1) Fill out ASB approval form 2 weeks prior to event -- if on school grounds OR if students are participating in the event. (Forms in School Office)
 - 2) Fill out SSABC "Event / Project Planner" -- to notify SSABC of projected revenue, Need for Purchase Order forms, or negotiate with ASB if revenues are to be split. (PO and Event/Project Planner forms in School Office or call Chris Green)
 - 3) No receipts, no reimbursements for Parent Booster Fund events! **KEEP RECEIPTS!**
 - 4) COPY this form and attach to your ASB form if students are involved and call or email SSABC Treasurer, so we know how to handle deposits and any split necessary.

Questions? Call SSABC Treasurer, Chris Green 681-4448 or email: christy1952@msn.com