



ALLAN HANCOCK COLLEGE

FUNDRAISING – CLUB ACCOUNT PROPOSAL

This form needs to be filled out with all completed supporting data as required.

YOU SHOULD HAVE THIS FORM TURNED IN A MINIMUM OF 2 WEEKS PRIOR TO THE EVENT.

1. Club: \_\_\_\_\_
2. Type of fund raising activities: (Food sales- indicate what type of food is being sold. Also, at least one member of the group must have safe food handler training and must check with the City for relevant food permit.

\_\_\_\_\_  
\_\_\_\_\_

Certified Safe Food Handler: \_\_\_\_\_

3. Proceeds will be used for: \_\_\_\_\_
4. Date of event/activity: \_\_\_\_\_
5. Club president/chairperson: \_\_\_\_\_

Phone: \_\_\_\_\_

Club advisor \_\_\_\_\_ Phone \_\_\_\_\_

6. Area to be used: \_\_\_\_\_

8. Budget for activity – complete fully:

Cost of goods and/or services (if donated, indicate that below) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expected gross revenue (cost per item x #of items) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Expected profit \_\_\_\_\_

For food sales: \_\_\_\_\_ Food Court Manager or designee must sign.

Applicant(s) hereby agree to hold the Allan Hancock Community College District, the Allan Hancock College Board of Trustees, and all district officers, agents, and employees free and harmless from any loss, liability, cost or expense that may arise during or be caused in any way by such use or occupancy of college facilities.

The undersigned club president and club advisor certify that we shall personally be responsible on behalf of our organization to abide by and enforce the rules and regulations of the college governing the sponsoring of this fund raising event/activity. All funds collected will be deposited in the Student Accounts Office and the club treasurer or designee shall provide a financial report on all tickets and/or funds collected within three working days after the fund raising event/activity to the Auxiliary Accounts Office. In addition, the club officer and advisor agree that any monetary loss will be borne by the club. It has been determined that sufficient funds are available to cover any monetary loss.

Club president's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's signature : \_\_\_\_\_ Date: \_\_\_\_\_

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Coordinator, Student Activities: \_\_\_\_\_ Date: \_\_\_\_\_

Recommendation: \_\_\_\_\_

\_\_\_\_\_  
Vice President Student Services Date \_\_\_\_\_

Distribution: Administrative Services  
Auxiliary Accounts Office Student Activities Office  
Food Court Manager (only if food involved)