

# MTHS Boosters Fundraiser Intent Form

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

Sub Committee Group: \_\_\_\_\_

Description of Fundraiser: \_\_\_\_\_

Date of Fundraiser: \_\_\_\_\_

Vendors Name: \_\_\_\_\_

Fundraiser proceeds will be used for: \_\_\_\_\_

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

## Projected Revenue

Average selling price per item       \$ \_\_\_\_\_

Number of items or units                x \_\_\_\_\_

**Total revenue potential**     \$ \_\_\_\_\_

## Expenses Projected

Cost per items                                \$ \_\_\_\_\_

Number of items or units                x \_\_\_\_\_

Total expenses projected     \$ \_\_\_\_\_

**Potential Profit (revenue minus expenses)**     \$ \_\_\_\_\_

PTSA Member requesting fundraiser: \_\_\_\_\_

Contact information:        Phone: \_\_\_\_\_        email: \_\_\_\_\_

PTSA Board Member approval \_\_\_\_\_        Date \_\_\_\_\_

PTSA Board Member approval \_\_\_\_\_        Date \_\_\_\_\_

This form is requested by the MTHS Boosters for legal and insurance purposes. We need to know what you are doing to raise money. This also helps us coordinate with ASB clubs to make sure we are not doing the same fundraisers at the same time.