

Fundraiser/Event Business Plan

Club Name _____

Date _____

Person Filling out Form _____ Cell Phone _____ .# _____

Event _____ Date/Times of Event _____

Fundraising Goal \$\$ _____ Price per item/ticket sold? _____

Overhead Costs? (items you will have to buy or provide in order to have the event) – List or attached quote

Item(s)	Quantity	Cost	Total
		Grand Total	\$

Notes:

Following Event: _____ **Date** _____

Total Spent \$ _____ Dollar total of money brought in: \$ _____

Total Profit \$ _____

Viewed by (initial): Advisor _____ SAC Coordinator _____ Other _____