

LOHS

REQUEST FORM



DATE:

CIRCLE TYPE: **FUNDRAISER** **EVENT**

REQUESTING ORGANIZATION:

DESCRIPTION OF FUNDRAISER/EVENT:

STUDENT SIGNATURE:

DATE:

ADVISOR/COACH SIGNATURE:

PLEASE SUBMIT TO ASB AT LEAST 2 WEEKS PRIOR TO THE REQUESTED EVENT/FUNDRAISER

ASB PRESIDENT OR VP:
ASB CLUB COORDINATOR:
ASB ADVISOR:

APPROVED _____
DENIED _____
DATE: