Name of Club:

Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Event Name** | **New Event** | **One Time Event** | **Ongoing Event** | **Date of Event** | **Estimated Gross Revenue** | **Actual Net** |
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Fiscal Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Form Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submitted and Approved by:**

 Student Club Representative:

 Signature, Title and Date

 Club Advisor:

Signature, Title and Date

 Principal/School Administrator:

 Signature, Title and Date

Recorded in ASB Student Council Minutes on:

 Date