Emmaus High School Fundraising Application/Activity & Social Function Application

Please complete the following application. Please remember to clear all dates and locations with the Activities Office before submitting this application. This application should be completed by the advisor and/or sponsor, and returned to the Activities Office at least two weeks prior to the scheduled event. Please fill out all the lines that apply.

Name of Organization:		Advisor:	Cell Phone:					
Student Chairperson:		Cell Phone:						
Fundraiser or Event Description	on:		A	dmission Price(if applicable):				
Period(s) of Advisor Coverage	:	(Mus	st Submit Coverage Slip to Gail I	ubmit Coverage Slip to Gail In Main Office)				
Start Date:	End Date:	Location(s):						
Set-Up Start Time:	Event Star	t Time:	Event End Time:	Event Breakdown Time:				
Maintenance & Equipment Special Requests (Tables, Chairs, Trash Cans, etc.):								
Delivery Date:	Delivery	Location:	Delivery Start Time:	Delivery End Time:				
***If refrigeration of goods is required, please contact the EHS Cafeteria to arrange accommodations.								
Type of Product & Product Information:								
Refreshments(Food/Beverage)								
Outside Entertainment:								
Vendor Name/Address/Phone	Number:							
Advertising Methods (Describ	e):							
Sales Representative:			Work Phone:	Cell Phone:				
Cost of Item:	Selling P	rice of Item:	Estimated Gross Sale:	Profit Per Item:				
Procedure for Selling (Time, Place, Method, etc.):								
Method of Payment to Company (Company should include Sales Tax:)								
Chaperones: (Names and Phor Numbers:)	ne							
Security: Activities/Socials that are open to the general public require security from the Emmaus Police Department. The rate for each security officer is \$25/hour for the duration of the event and the rate will be charged to the organization.								
Requested Number of Security	Officers:	Location:	Time of Coverage	e: Advisor Initials:				
IMPORTANT: Please submit a copy of the attached accounting report to Chelsea Reed no later than 5 days after the conclusion of your event or fundraiser (only if there is money involved)								
Fundraiser Approval/Activity & Social Function Approval								
Activities Office	ties Office			Date:				
Principal's Approval/Signatu			~ .					
	ıre:		Date: _					

Emmaus High School Fundraising Report

1. Determine whether or not the product(s) you are selling is/are taxable.

4.

2. **Check to see if the vendor is licensed with the Pennsylvania Department of Revenue.** If they are, you can have them pay the sales tax on the wholesale amount.

Keep accurate records for the State Auditors. You must complete the financial statement below, attach an invoice from the

3. If you must pay the sales tax, the main office will take the tax money from your club account.

vendor with tax information, and submit a copy to the Activities Office.							
Financial Statement for Fundraiser							
Organization:	Report Date:						
Advisor:	Home Phone:		Cell Phone:				
Student Chairperson:	Home Phone:		Cell Phone:				
Fundraiser:	Start Date/Time	:	End Date/Time:				
Income: Non-Taxable Items Sold:							
Taxable Items Sold:		(A) Receipts:					
							
Expenses: Cost of Items:		Receipts:					
		(C)	Total Expenses				

Net Profit/Loss (Total Receipts less Expenses)

\$