

**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: \_\_\_\_\_ Admission Price (if applicable): \_\_\_\_\_

Period(s) of Advisor Coverage: \_\_\_\_\_ (Must Submit Coverage Slip to Gail In Main Office)

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Location(s): \_\_\_\_\_

Set-Up Start Time: \_\_\_\_\_ Event Start 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 (Describe): \_\_\_\_\_

Sales Representative: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Cost of Item: \_\_\_\_\_ Selling Price 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 Phone Numbers:) \_\_\_\_\_

**Security: Activities/Socials that are open to the general public require security from the Emmaus Police Department. The rate for each security officer is up to \$75/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: \_\_\_\_\_ 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**

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Activities Office Signature \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Approval/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Comments: \_\_\_\_\_

## Emmaus High School Fundraising Report

1. Determine whether or not the product(s) you are selling is/are taxable.
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.
3. **If you must pay the sales tax, the main office will take the tax money from your club account.**
4. Keep accurate records for the State Auditors. You must complete the financial statement below, attach an invoice from the vendor with tax information, and submit a copy to Chelsea Reed.

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### 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: _____ _____ _____ _____ _____		Receipts: _____ _____ _____ _____ _____ (A) Total Receipts _____
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Taxable Items Sold: _____ _____ _____ _____ _____		Receipts: _____ _____ _____ _____ _____ (B) Total Receipts _____
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Total (A) + (B) \_\_\_\_\_

#### Expenses:

Cost of Items: _____ _____ _____ _____ _____		Receipts: _____ _____ _____ _____ _____ (C) Total Expenses _____
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Net Profit/Loss (Total Receipts less Expenses)

\$