

Fundraising Form

***This form must be completed and returned at least 2 weeks prior to the event to the Coordinator of Student Activities.**

Please print form out and complete!

Name of club/organization: _____

Club/Organization Advisor(s): _____

Event Contact Person: _____ Phone #: _____

E-mail: _____

Event: (Name of event and description of product sold or services offered)

Event Date: _____ Time: _____ Location: _____

PROCEEDS from event will be used as follows: (charity, operating budget, etc.)

Club/Organization Advisor (s) that will be supervising the event: _____

REQUESTED BY: _____
(Club/Organization representative signature) (Date)

APPROVED BY: _____
(Coordinator of Student Activities) (Date)

*** If approved, the club/organization will be responsible for contact campus police, maintenance and any other reservations regarding campus facilities and/or catering.**

____ NOT APPROVED BECAUSE: _

