



Contact Information

Organization: _____

Name of Person Completing Form: _____

E-mail Address: _____ Phone Number: _____

President/ Chair: _____ Advisor: _____

Fundraising Event(s) Information

Event Title: _____

Date(s) of Fundraiser: _____

Location: _____

Description Fundraising Event: _____

What will the money raised be used for: _____

Outside vendor (if applicable):

Account funds will be placed in: _____

Signatures

Organizer Signature

Date

Student Organization President Signature

Date

Office of Student Affairs Approval

Date

Please return this form to the Office of Student Affairs for approval of fundraising event two weeks prior to the event.