

FUND RAISING REQUEST FORM

Organization _____

President _____ Phone _____

Advisor _____ Phone _____

Chairperson of Event _____ Phone _____

Chairperson Email _____

Title of Event _____

Date _____ Time _____

Location _____ Admission Charge: _____

Purpose of Event _____

Description of Event (NO RAFFLES ALLOWED) _____

List all activities associated w/event.(Include date, time & location) _____

Organization(s) which benefit from event _____

What percentage of money raised will be donated to the above organization(s)? _____

If cups, t-shirts, sweatshirts, etc. design must accompany this form.

Printing Company _____

Advisor Signature _____ Date _____

Director SAO Signature _____ Date _____

SAO Initial _____ Date _____ Time Received _____

Approved Denied

6/2005