

FUNDRAISING EVENT NOTIFICATION

Organization Name: _____
Chairperson(s) of Event: _____ Phone #: _____
Email: _____
Type of Event: _____ Event Date(s): _____
Cost of Item Being Sold: _____
Event Location/Address: _____

I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.

Advisor's Name (Print Name): _____
Advisor's Signature: _____ Date: _____

Purpose of fundraiser:

Description of fundraiser:

Goal(s) of the fundraiser:

Return completed form to the Office of Student Life no later than 3 weeks prior to the start of sales.

If your organization does not receive approval within three business days from date submitted, please contact the Director of Student Life.

Fundraising concepts are approved on a first come, first served basis; duplicates may not be approved during the same semester.

Student Activities Office Use Only:

Advisor's Name (print name): _____ Signature: _____ Date: _____