

OFFICE OF STUDENT LIFE Request Form for Fundraising Projects

RE: Clubs and Organiza	tions		
Date:			
CLUB or ORGANIZATIO	N:		
		Phone:	_
Advisor		Phone:	
Activity Event Date (s)			
• • • • • • • • • • • • • • • • • • • •			
Description of Activity	Event (Be specific w	vith details)	
Purpose of Activity Eve	ent		
Projected Cost	Projected	Gross Income	_
I hereby affirm that the a	bove information is tr	ue and	
will be bound by the conditions therein.		Club or Organization Name	
Club/Org. President	Date	Director of Student Life	Date
Club/ Org. Advisor	Date	AVP- Engagement & Student Suc	cess Date

Form 1: 10/10/24

Fundraiser.





Pease submit hard copy to the Office of Student Life (Room 110-A) 5 days prior to

