Club Fundraiser Request

Request to Organize a Club Fundraiser

Name of Club/Organization/Program: _____

Date requested:_____

Type of Fundraiser:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Reserved Space Location: _____

Signature: _____
(Club Advisor)

Signature: _____
(Director of Student Activities)

Signature: _____
(ASG Vice President)

Approval Date: _____

This notice must be received two (2) weeks prior to the fundraiser in the Office of Student Activities, Room CC-231.