

FUND RAISING REQUEST FORM

Name of Organization: _____ Date: _____

TYPE OF FUNDRAISER			
<i>Date</i>		<i>Time</i>	
<i>Location</i>			
PURPOSE			
FUND BALANCE			
Total Sales: _____			
Gaming License Number: (if applicable)_____			

Advisor _____ *Date* _____

Club President _____ *Date* _____

VP Student Services _____ *Date* _____