



Student Activities
Student Government Association
Fundraising Request Form

Organization Information

Club/Organization Name: _____

Organizer Name: First _____ **Last** _____

Organizer Phone Number: _____

Organizer Email: _____

Club/Organization Advisor Name: _____

Advisor Phone Number: _____

Advisor Email: _____

Event Information

Name of Fundraising Event: _____

Fundraiser Location: _____

Event Date: _____ **Beginning Time:** _____ **End Time:** _____

Reason(s) for Fundraising Event:

Fundraiser Description:

Must deposit funds within 24 hours to the Business Office and bring a receipt to Student Activities Office.

Office Use Only

Date Received: _____

Approved _____ **Denied** _____