



Student Activities
Student Government Association
Fundraising Request Form

Club/Organization Name: _____

Organization Information

Organizer Name: First _____ Last _____

Organizer Phone Number: _____

Organizer Email: _____

Club/Organization Advisor Name: _____

Advisor Phone Number: _____

Advisor Email: _____

Name of Fundraising Event: _____

Fundraiser Location: _____

Event Information

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

Reason(s) for Fundraising Event:

Fundraiser Description:

Must deposit funds within 48 hours to the Business Office and bring a receipt to Student Activities Office.

Date Received: _____

Approved _____ Denied _____

Office Use Only