

# Registered Organization Fund-raising Request

## Organization Information

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Organization name: \_\_\_\_\_

Agency Account Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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Date of proposed Fund-raiser: \_\_\_\_\_

Purpose of Fund-raiser: \_\_\_\_\_

Fund-raising Plan: *(proposed Items for sale, proposed location, duration of event, etc.)*

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Special Requirements: (electricity, canopy, tables, chairs, etc)

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Name of Advisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Department: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Life Only**

Approved     Disapproved.    Reason: \_\_\_\_\_

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Signature of Director of Student Life or designee    Date \_\_\_\_\_