

 **FUNDRAISING REGISTRATION FORM** 
OFFICE OF STUDENT INVOLVEMENT AND LEADERSHIP

Student Organization: _____

Name of Person in Charge of Fundraiser: _____

Address: _____ Phone Number: _____

Description of Fundraiser: _____

Date(s) of Fundraising Activity: _____

Is this fundraiser a Raffle? Yes No
(If Yes, a Raffle Information Sheet must be completed)

Where will fundraiser take place? On Campus Off Campus

Location of fundraiser: _____

Have reservations for space been reserved? Yes No

How much will be charged? _____

What is the purpose of the fundraiser?
 Charity/Non Profit Org. Club/Organization Other

If Charity, Please list name: _____

If Other, please explain who will receive raised funds:

(If Applicable) When and How will Winner(s) be determined and announced?

Student Organization President: _____ Date: _____

Approval of Advisor: _____ Date: _____

Office Use Only	
Money deposited with Bookkeeper: \$	_____
Bookkeeper's Signature: _____	Date: _____