



BLACKHAWK TECHNICAL COLLEGE
Office of Student Life
STUDENT ORGANIZATION FUNDRAISING PROPOSAL
(Please type or print)

Student Organization: _____ Date: _____

Contact Person: _____ Phone: _____

Advisor(s) Supervising Event: _____

Name of Vendor: _____

Location of Delivery: _____

Description of Fundraising Activity:

Purpose of fund-raising activity (how will funds be used?): _____

Specific campus location of activity: _____

Outdoor Area: _____ Off Campus: _____

Day(s): M T W TH F SA SU

Start Date: _____ End Date: _____ Time: _____

Anticipated Revenue: _____ Anticipated Profit: _____

Club/Organization Advisor: _____ Date: _____
(signature)

Club/Organization Officer: _____ Date: _____
(signature)

Approval has been Granted Denied

Student Life Coordinator: _____ Date: _____
(signature)

Vice President-Student Services: _____ Date: _____
(signature)

*Please remember that certain types of foods (hot or cold) can only be sold by licensed caterers.

Submit to Student Life Coordinator 2 weeks prior to fundraiser.