

PERMISSION TO RAISE FUNDS APPLICATION FORM

1. Name of Group _____
2. Where do you wish to solicit funds? (Check one)
 off campus only on campus only both on/off campus

3. On what date do you wish to begin _____, end _____?
4. Please describe in detail the type of fund raising activities you wish to have. Include product or service sold or the type of raffle and prices (**all raffles must be licensed by the state.**) Where will solicitations take place? Who will be contacted? How much will be charged?

2. In brief, why does your group need to raise funds at this time?
 For what purpose will the funds be used?

6. Does the majority of the membership of your group support this fund raising idea?

Our group agrees to abide by all Aquinas College policies concerning fund raising activities. We confirm that the above description of our activities is accurate and complete. If granted permission, we realize that our group must contact other campus offices (e.g. Wege Center, Fieldhouse, Residence Halls, etc.) To establish schedules or secure additional permission to solicit in specific areas.

Signature of Fund Raising Organizer	Date	Phone
Signature of Advisor/Coach	Date	Phone

PLEASE DO NOT WRITE BELOW THIS LINE

Permission Granted Permission Denied

Explanation:

Signature of Director of Student Activities	Date
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