

# Fundraising Request Form

**Date Submitted:** \_\_\_\_\_ Preferred **Date(s) of Fundraiser:** \_\_\_\_\_

**Alternate Date(s) of Fundraiser:** \_\_\_\_\_

**Co-Curricular Activity Name:** \_\_\_\_\_

**Sponsor Name:** \_\_\_\_\_

**Purpose of fundraiser:**

Charity

Name of charity: \_\_\_\_\_

Club Operations

Purpose: (i.e. Travel, special event, etc.) \_\_\_\_\_

**Description of Fundraiser:**

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Will you be (**Selling a product**) or (**Asking for a donation**) [circle one]

If you will be selling a product, please provide a description of the product to be sold and provide the name of the vendor as well as the vendor's phone number and website.

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How will the fundraiser be run? i.e. "10 student members of the basket weaving club will be selling candy during the lunch periods. We hope to raise \$200." Be sure to indicate how many students will participate as well as the date and the times the fundraiser will run and your fundraising goal.

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**Be sure to fill out any equipment needs and secure your facility location on the reverse of this form**

<p><b><u>For office Use only:</u></b> Fundraiser approved: _____ for _____ (Signature) (date)</p> <p>Fundraiser denied: _____ Reason: _____ (Signature)</p>
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# FUNDRAISER FACILITIES REQUEST

Club Name: \_\_\_\_\_

Sponsor(s): \_\_\_\_\_

What date will your fundraiser start: \_\_\_\_\_

What date will your fundraiser stop: \_\_\_\_\_

## Meeting Information

Day of the week: S M T W Th F S

DATE(S) of EVENT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**(List each specific date if not meeting every week)**

Event Start Time: \_\_\_\_\_

Event End Time: \_\_\_\_\_

## LOCATION:

Cafeterias  West  Wood  Glass  East

Building Preference:  East  West

Attendance: \_\_\_\_\_

Set-up needs: Tables \_\_\_\_\_

Chairs \_\_\_\_\_

Open Room

Equipment needs: AV: \_\_\_\_\_

\_\_\_\_\_  
Special Instructions: \_\_\_\_\_

\_\_\_\_\_