

Club & Organization Fundraising Request Form

Student Activities Office

Parsons Union Building

Lock Haven University

2016-2017

Requests must be submitted **at least 2 weeks prior** to your fundraiser for full consideration.

***NOTE:** Budget funds may **NOT** be used to supplement fundraiser expenses.

***ALL** money raised **must** be deposited into the club's special account*

Club/Organization Name: _____

Contact Person: _____ **Contact Phone #:** _____

Proceeds will benefit: (If both a club & charity fundraiser, please check both categories)

Club/Organization

Charity *provide charity information below*

Charity Name: _____

Contact Person at Charity: _____

Charity Address: _____ Phone #: _____

Charity Tax ID #: _____

Name of Fundraiser:
Day & Dates of Fundraiser:
Start: _____ End: _____
Location of Fundraiser: <i>Check both if applicable</i>
<input type="checkbox"/> On Campus Location: _____
<input type="checkbox"/> Off Campus Location: _____
Detailed Description of Fundraiser: <i>Failure to provide a detailed description will result in automatic denial.</i>
Explanation of Anticipated Profit(s): \$ _____

Club President Signature

Date

Club Treasurer Signature

Date

Club Advisor Signature

Date

Office use only:

Club Notified

Approved

Fundraiser # _____

Denied

By: _____

Date: _____

Comments: