# Club & Organization Fundraising Request Form

**Student Activities Office**  
**Parsons Union Building**  
**Lock Haven University**  
**2019-2020**

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*

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**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:** ____________________________

**Charity Contact Person at Charity:** ____________________________  
**Charity Phone #:** __________________

**Charity Address:** ____________________________  
**Charity Tax ID #:** __________________

**Name of Fundraiser:**

**Day & Dates of Fundraiser:**

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<tr>
<th>Start</th>
<th>End</th>
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**Location of Fundraiser:** *Check both if applicable*

- [ ] On Campus  
  **Location:** ____________________________

- [ ] Off Campus  
  **Location:** ____________________________

**Detailed Description of Fundraiser:** *Failure to provide a detailed description will result in automatic denial.*

**Explanation of Anticipated Profit(s):** $

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**Club President Signature**  
**Date**

**Club Treasurer Signature**  
**Date**

**Club Advisor Signature**  
**Date**
<table>
<thead>
<tr>
<th>Club Notified</th>
<th>Fundraiser # __________</th>
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</thead>
<tbody>
<tr>
<td>□ Approved</td>
<td></td>
</tr>
<tr>
<td>□ Denied</td>
<td></td>
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<tr>
<td>By: ________</td>
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<td>Date: ________</td>
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| Comments:             |                          |