

Date Passed _____

**FUND RAISING EVENT
Approval Form**

Name of Sponsoring Group: _____

Requested Dates for Activity: _____

Type of Activity (be specific): _____

Requested Location: _____

Price you will charge: _____

Special set-up required: _____

Signature of Club/Organization President: _____

Signature of Faculty/Staff Advisor (who will be present): _____

(To be completed by College Designee or Sponsoring Group President)

Name of Sponsoring Group: _____

Approved Activity: _____

Approved Date(s) for requested activity: _____

Approved Location: _____

Charge for facility (if any): _____

Approved by: _____