

## **Fundraiser Request Form for Greek Life**

Fundraiser Requests must be approved by the Greek Advisor/Director of Campus Life prior to submitting a space reservation or advertising/marketing the event.

Sponsoring Organization:				
Fundraiser Coordinator & Contact Numb	oer:			
Fundraiser Title:				
Date, Time & Place of Fundraiser:				
Will the funds raised be donated to a chall gree, which charity?				No
Address of charity:(Please submit a copy of the charitable of	organizatio	n's W9 with this forn	n)	
Anticipated Revenue	Amount	Anticipated Expen	ses	Amount
Total		Total		
<ol> <li>Please read carefully and sign below:         <ol> <li>This form must be completed in it event. Pageants, Fashion/Talent request for approval.</li> <li>All funds must be deposited into the duration of the period in which</li> <li>Expenditures for the fundraiser m cash collected from the fundraise</li> <li>The student organization must condition of Student Affairs' Busine</li> </ol> </li> </ol>	shows and the Agency of funds are oust be mad r is not perromply with a	d similar events required Account. Deposits collected. He from the Agency mitted.  The first control of the first control of the fundraiser goals.	uire at least five must be mad	ve weeks advance de at least daily for rchasing items with
Signature of Organization Advisor/Repi	resentative		Date	

## (FOR CAMPUS LIFE OFFICE USE ONLY)

Date Re	ceived:		Approved:	Yes	No	
Reason	for Denial (if applic	able):				
Signature of Student Life Staff			Date			
		DEPOSIT LO	og .			
Date	Total Deposit	Org Representative Name	Signature		Advisor Initials	
	\$					
	\$					
	\$					
	<b>\$</b>					
	\$					
	\$					
	\$					
	\$					
	\$ \$					
	\$					
	\$					
Total De	posit Amount:					
(If Appli	cable): Payment r	made to Charitable Organiza	tion:			
Amount:						
Date:						
Greek Life Advisor Signature				 Date		