**Fundraising Request Form**

Return to the Division of Student Affairs, James M. Baker University Center, Room 250 a minimum of thirteen (15) business days prior to the preferred date of the fundraiser.

***Large scale events require a pre-planning meeting with Student Affairs Business Office***

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*Please Print Legibly or Type*

**Student Organization Name:** __________________________________________________________

**Fundraiser Date** (If this is a consecutive or multiple date fundraiser please list all dates):

_________________________________________________________________________________

**Preferred Location:** _________________________________________________________________

**Type of Fundraiser:**

____ On-Campus  ______ Off-Campus (*see policy manual for off-campus request)

____ Large-Scale Fundraiser (i.e. entry fees for talent shows, fashion shows, performances, athletic competitions, tournaments, pageants, parties/dances, balls, and conferences, etc.)

____ Small-Scale Fundraiser (i.e. bake sale, product sales, car-wash, etc.)

____ Other: _____________________________________________

**Description of Fundraiser** (Include name; purpose; who will it benefit; and how the funds will be used):

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

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*Updated 8/2017*
How will the funds be raised?

What are the expected upfront expenses for this event? (Description and estimate of expenses)

What is the expected revenue from this event?

$ ________________________________

By signing below you acknowledge you have read, understand and agree to the Clayton State University, Division of Student Affairs Fundraising Policy. Check your email for the status of this request within three (5) business days.

________________________________________________________  _________________________
President or Treasurer  Date

________________________________________________________  _________________________
Student Organization Advisor Signature  Date

(Office Use Only)

_____ Approved  _____ Denied

Comments:

________________________________________________________  _________________________

Division of Student Affairs  Date

Updated 8/2017