

GOVERNORS STATE UNIVERSITY
STUDENT LIFE

Fund Raising Activity Form

This form is due three (3) weeks prior to fundraiser.

Date: _____

Club/Organization _____

President

Phone/Email

Advisor

Phone/Email

Event Chairperson

Phone/Email

Nature of Event: ___ bake sale ___ food sampler ___ car wash ___ other: _____

Purpose of Event: _____

Date of Event

Time of Event

Location of Event

Admission Charge (if applicable): \$ _____

Number of Persons Expected: _____

Description of Event _____

Organization(s) which benefits from event _____

What percentage of money raised will be donated to the above organization(s)? _____

Advisor Name (printed)

Signature

Date

Submitted By (printed)

Signature

Date

.....
FOR OFFICE USE ONLY

Interim Assistant Dean of Students

Date

Signature

Approved

Denied: Reason- _____

___ copy sent to advisor