

## **Fundraiser Application**

This form must be presented to Student Government at least **two weeks** before requested start date

\*\* Student Government meets during Power Block in the Library Tech room on Tuesdays

Date:	Organization:		
Who will be the student contact for the	e fundraiser?		
Name:	Telephone:		
Email:			
Who will be the adult contact for th	e fundraiser?		
Name:	Telephone:		
Email:			
Purpose of the fundraiser:			
Proposed Fundraiser Description:			
Proposed start date for fundraiser:	Finish date:		
Location of fundraiser:			
Anticipated proceeds:	Use the Student Activity Account?	Yes	No
	tion is for Student Government use)		
Review date:			
Approved start date:			
Student Government Approval:	∕es □ No		