

FUND-RAISING EVENT REQUEST

EVENT/PURPOSE: _____

ORGANIZATION: _____

DATE OF EVENT: _____

PLANNED ACTIVITIES: _____

DATE(S) OF ACTIVITIES: _____

EMPLOYEE(S)/STUDENT(S) INVOLVED: _____

IF SPONSORSHIP WILL BE SOUGHT, PROSPECTIVE SPONSORS WILL INCLUDE:

SUBMITTED BY: _____ DATE: _____

Signature(s)

SUPERVISOR/FACULTY ADVISOR: _____ DATE: _____

Signature

PROVOST: _____ DATE: _____

Signature

EXECUTIVE DIRECTOR/PSCF: _____ DATE: _____

Signature

Recommends approval _____ Does not recommend approval _____

PRESIDENT: _____ DATE: _____

Signature

Approved _____ Not approved _____