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