

## **FUND RAISING**

Organizations must register all fund raising activities with the Office of Student Activities, 122 Schwarm before they occur. This helps to coordinate the sales so each group can take advantage of the maximum amount of sales in any given day. Two or more groups having sales on the same day may force customers to make a choice and thus, one group loses out. Therefore, registration of fund-raising activities is to your groups' advantage.

### Note:

- If your group wishes to sell a food item as a fund-raiser on campus, it must be approved by AVI Food Systems if sold during the hours of 8am-2pm. This must be done before the day of the sale.
- While the University generally supports the fund-raising efforts of its registered student organizations, the legal complexities of definition, methodology, and distribution of monies associated with schemes or games of chance such as raffles, bingo, or other similar activities necessitate the University's prohibition of such activities in conjunction with its student organizations.
- If space is requested on campus, a facility usage form must be submitted along with this registration form.

# FUND RAISING REGISTRATION FORM

Today's Date \_\_\_\_\_

**DATE OF THE EVENT:** \_\_\_\_\_

**TIME OF THE EVENT:** from \_\_\_\_\_ to \_\_\_\_\_

**SPONSORING STUDENT ORGANIZATION:** \_\_\_\_\_

**ADVISER:** \_\_\_\_\_

**ADVISER APPROVAL RECEIVED?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**REQUEST SUBMITTED BY:** \_\_\_\_\_

TITLE \_\_\_\_\_ TELE: \_\_\_\_\_

**TYPE OF EVENT (DESCRIPTION OF SERVICES OR PRODUCTS TO BE OFFERED):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **PLACE OF EVENT: (PLEASE BE SPECIFIC)**

Location	Date	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## **MONIES COLLECTED TO BE USED FOR:**

\_\_\_\_\_ ORGANIZATIONAL FUND      \_\_\_\_\_ PHILANTHROPY  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_

ARE YOU A PREVIOUS SPONSOR?      \_\_\_\_\_ yes      \_\_\_\_\_ no

## **PERSONS TO BE NOTIFIED:**

\_\_\_\_\_ FACILITIES      \_\_\_\_\_ SECURITY  
\_\_\_\_\_ STUDENT ACTIVITIES      \_\_\_\_\_ OTHER

COMMENTS:

REGISTERED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
Office of Student Activities

\*Please return completed form to the Office of Student Activities located in 122 Schwarm Hall