# Club & Organization Fundraising Request Form

**Student Activities Office**  
**Parsons Union Building**  
**Lock Haven University**  
**2015-2016**

Requests must be submitted **at least 2 weeks prior** to your fundraiser for full consideration.

*NOTE: Budget funds may **NOT** be used to supplement fundraiser expenses.  
*ALL money raised must be deposited into the club’s special account*

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**Club/Organization Name:**  

**Contact Person:** __________________________________________  

**Contact Phone #:**________________________________________

**Proceeds will benefit:** *(If both a club & charity fundraiser, please check both categories)*

- [ ] Club/Organization  
- [x] Charity [provide charity information below]

Charity Name: ________________________________________________

Contact Person at Charity: _____________________________________

Charity Address: _____________________________________________

Phone #: ____________________________  

Charity Tax ID #: ______________________

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**Name of Fundraiser:**

**Day & Dates of Fundraiser:**

<table>
<thead>
<tr>
<th>Start</th>
<th>End</th>
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</thead>
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**Location of Fundraiser:** *Check both if applicable*

- [ ] On Campus  
  Location: ____________________________________________

- [ ] Off Campus  
  Location: ____________________________________________

**Detailed Description of Fundraiser:** *Failure to provide a detailed description will result in automatic denial.*

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**Explanation of Anticipated Profit(s):** $_____________________

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**Club President Signature**  

**Date**

**Club Treasurer Signature**  

**Date**

**Club Advisor Signature**  

**Date**
<table>
<thead>
<tr>
<th>Office use only:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Club Notified</strong></td>
</tr>
<tr>
<td>□ Approved</td>
</tr>
<tr>
<td>□ Denied</td>
</tr>
<tr>
<td>By: _______</td>
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<tr>
<td>Date: ________</td>
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<tr>
<td><strong>Comments:</strong></td>
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