



FOR OFFICIAL USE ONLY:

FEE CODE: _____

CHANGE FUND: _____
AMOUNT: _____

Fundraising Request Form
SGOC Office

This form **MUST** be completed with all necessary signatures and submitted to the SGOC office **AT LEAST THREE WEEKS** prior to the start of your fundraising campaign.

Club/Organization Information

Club/Organization Name: _____

Student Contact: _____ **Contact Information:** _____

Email address: _____ **Club Account Number: 522-264-** _____

Advisor Name: _____ **Contact:** _____

Event/Fundraiser Information

Event Title: _____ **Location:** _____

Start Date & Time: _____ **End Date & Time:** _____

Description of Event: _____

Ticket/Item cost: General Public:\$ _____ **Faculty/Staff:**\$ _____ **Student:** \$ _____

Financial Information

Estimated Income: _____ **- Estimated Expenses:** _____ **= Estimated Profit:** _____

Will you need petty cash and a cash box to start your event? _____ **How much?** _____

What will club do with any profits generated? _____

How will this fundraising activity be tracked/recorded? _____

Club President Signature: _____ **Date:** _____

Club Advisor Signature: _____ **Date:** _____

Dean of Student Development Approval: _____ **Date:** _____

Finance Officer's Approval: _____ **Date:** _____

To Request SGOC Club funds, please complete this form and submit to the SGOC VP for Student Life, BSC 118 **at least three weeks prior** to the date of your event.

Questions? Contact SGOC at 360-475-7290, BSC 118