



TUCVM

STUDENT ORGANIZATION FUND RAISING ACTIVITY REQUEST

Please read, understand, and fill out this form entirely.

DATE: _____

Please type or print NEATLY in black ink and attach any additional information to clarify/support your request. All forms should be sent to the TUCVM Office of Academic and Student Affairs. Subject titled: ATTENTION: FUNDRAISING Request for (your club's name).

Please submit form at 3 least weeks before the date of your organization's event. Please be advised that forms not submitted within the appropriate time frame or that are incomplete are subject to automatic denial.

SECTION I

A. Name of Organization _____

B. Name of Activity: _____

C. Date of Activity: _____ Time: _____ 'till: _____

D. Location of Activity: _____

E. Purpose: _____

G. Approval by Club President and Advisor

Signature of Organization President

Telephone Number

Signature of Organization Advisor

Telephone Number

SECTION II

Contact information of Host of the Activity (Fundraiser Chair):

Name: _____

Phone Number: _____

Email: _____

FOR OFFICIAL USE ONLY:

Approved: _____

Denied: _____

Director of TUCM Student Services/Associate Dean: _____

Date: _____