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 FOX name).

Please submit form at 3 least weeks before the date of your R U J D Q L ę V D W L R Q (Y H Q W . Please be advised that forms not submitted within the appropriate timeframe or that are incomplete are subject to automatic denial.

SECTION I

$ Name of Organization: _____

% Name of Activity: _____

& Date of Activity: _____ Time: _____ ¶ W L O O _____

Signature of Organization Advisor Telephone Number

SECTION II

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

Name: _____

Phone Number: _____

Email: _____

FOR OFFICIAL USE