

TUCVM

STUDENT ORGANIZATION FUNDRAISING 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 titled: ATTENTION: FUNDRAISING Request for (your F O X name).

Please submit forms at least 3 weeks before the date of your R U J D Q L & W P L & Q. 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):

Name: _____

Phone Number: _____

Email: _____

FOR OFFICIAL USE