### Fundraising Event Request Form

**Office of Student Life**

**Niagara County Community College**

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**Advertisements may not be distributed until approved by Student Life**

| Student Group Name: | __________________________________________________________________________________________ |
|---------------------|__________________________________________________________________________________________|
| Student Group Contact Person(s): | ________________________________________________________________________________________ |
| Cell #: | (____) ____________________________ Email: __________________________________________ |

**Description of Fundraiser:**

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

**Is this a community service event for your club requirement (if applicable)?** Y or N

*****If so, please have Student Life approved event and amount of hours***** Student Life Signature: ________________

**Proceeds will be going to:**

_____________________________________________________________________________________________
_____________________________________________________________________________________________

**Method of Fundraising:**

- ☐ Bake Sale
- ☐ Basket Drawing
- ☐ Sale of Product: __________________________________
- ☐ Benefit Concert
- ☐ Restaurant Sponsorship
- ☐ Other: _________________________________________

Start Date: ___/___/___  Time: ____:_______  End Date: ___/___/___  Time: ____:_______

**Location:**

- ☐ Main Cafeteria (G-209)**
- ☐ F-Building Lobby**
- ☐ Outside the Bookstore**
- ☐ G-201*
- ☐ G-117B*
- ☐ Other: ____________________________________________________________

**Equipment Needed:**

- ☐ ___ Tables
- ☐ ___ Chairs
- ☐ Cash Box
- ☐ Arrow Dry Erase Sign

**Funding Needed? If so, How much is needed and for what?**

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

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*All completed forms must be received by Student Life at least ten (10) business days prior to the proposed event date. Contact persons listed on this form will be notified when the proposed fundraising event has been approved.*

All receipts and/or collected funds must be deposited with the College Association (G-215) directly following the event (Note: CA is closed daily from 12-1pm)

*Reservations for these locations can be made in the Student Life office*

**Reservations for these locations **MUST** be made via Facility Usage form by the Advisor and the confirmation forwarded to Student Life (G243**

Student Group President Signature: ________________________________ Date: ___/___/___

Student Group Advisor Signature: ________________________________ Date: ___/___/___

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FOR OFFICE USE ONLY

Date Received: ____________________________ Received By: ____________________________

Student Life Coordinator Initials: __________ Facilities Request Submitted: ___/___/___ Approval Emailed: ___/___/___

Amount approved: ________________________ Student Government Officer Signature ______________