

Fundraising Event Request Form

Advertisements may not be distributed until approved by Student Life

Student Group Name: _____

Student Group Contact Person(s): _____

Cell #: (_____) _____ Email: _____@mynccc.niagaracc.suny.edu

Description of Fundraiser:

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: _____

NOTE: Bake sales may **not** take place outside of the bookstore

Proceeds will be donate to:

Equipment Needed:

- ___ Tables ___ Chairs Cash Box Arrow Dry Erase Sign

***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: __/__/__

FOR OFFICE USE ONLY

Date Received: _____

Received By: _____

Student Life Coordinator Initials: _____

Facilities Request Submitted: __/__/__

Approval Emailed: __/__/__