William Carey University School of Pharmacy

Student Activities Office

Fundraiser Event Form

- Fill out form completely and return to Office of Student Activities, Student Center room 103.
- Form must be turned in ***two weeks*** prior to event
- If set up is needed fill out Event Disclosure

Date of Fundraiser: _____ Organization: _____

Organization's Presidents Name: _____ Phone # _____

Member in Charge of Fundraiser:_____ Phone #:_____

Fundraiser Information:
Name of Fundraiser: _____ Date:_____

Time Fundraiser Starts:_____ Time Fundraiser Ends:_____

Location: _____

Purpose:_____

Fundraiser Location:
Building Name: _____

Outside Location (if applicable): _____

***If assistance from maintenance is needed (tables, chairs, extension cords, etc.) fill out event disclosure attached.**

Agreement (two organization member's signature required):
I understand that my organization and I are in charge of this fundraiser and will uphold the policies and beliefs of William Carey University.

_____ _____

Signature of Authorized Member Date Signature of Authorized Member Date

Office Use Only

Date Received_____ Approved: YES NO