

Salisbury University

Sport Club Fundraising Proposal

CLUB: _____ DATE: _____

TYPE OF FUNDRAISER: _____

FUNDRAISER CONTACT _____ TITLE _____

****ALL ACTIVITIES MUST BE APPROVED PRIOR TO ANY ACTION TAKEN!****
****THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE ASSISTANT DIRECTOR OF CAMPUS RECREATION AT LEAST 30 DAYS PRIOR TO THE FUNDRAISER.****

1. What is the nature of the fundraiser (Include dates, times, location(s), length of fundraiser; please be as specific as possible!)?

2. What will the funds be used for? _____

3. Are there any overhead costs involved (If yes please provide a breakdown and explanation of the costs on the back of this page or on an additional sheet and provide information on how the club intends to pay for these costs.)? _____

4. If any money is handled, how will this be handled (Explain who will be collecting money and where it will be deposited.)? _____

Comments/Notes/Concerns _____

PLEASE NOTE: All fundraisers must be approved prior to acceptance.

LIST OF INCOME/EXPENDITURES OF FUND RAISING PROJECT (Attach an additional page if necessary)

<i>ITEM</i>	<i>DESCRIPTION/PURPOSE</i>	<i>COST</i>
EXPENDITURES:		\$
EXPENDITURES:		\$
EXPENDITURES:		\$
OTHER:		\$
OTHER:		\$
OTHER:		\$
GUARANTEED INCOME:		\$
POSSIBLE ADDITIONAL INCOME:		\$
POSSIBLE NET INCOME:		\$

By signing below, you are acknowledging that the information presented is accurate to your knowledge. I also realize that I may be contacted for additional information regarding this issue.

Faculty/Advisor _____ (Print)	Dep. _____
Faculty/Advisor _____ (Signature)	Date _____
Email _____	Phone _____

Student Contact _____ (Print)	Phone _____
Email _____	
Student Leader _____ (Signature)	Date _____

****For Office Use Only****

Asst. Dir. Of Campus Rec. _____ (Signature)	Date _____
Director of Athletics _____ (Signature)	Date _____