



Salisbury University Sport Club Program
FUNDRAISING PROPOSAL

CLUB: _____

DATE OF PROPOSED FUNDRAISER: _____

FUNDRAISER NAME: _____

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 ATHLETICS AND
CAMPUS RECREATION AT LEAST 30 DAYS PRIOR TO THE FUNDRAISER.****

1. DESCRIPTION, TIMEFRAME, LOCATION, AND OTHER PERTINENT INFORMATION:

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 and provide information on how the club intends to pay for these costs).

4. WHO IS RESPONSIBLE FOR COLLECTING AND DEPOSITING FUNDS? WHERE WILL FUNDS BE DEPOSITED?

5. OTHER COMMENTS _____

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

<i>ITEM</i>	<i>DESCRIPTION/PURPOSE</i>	<i>COST</i>
OVERHEAD COSTS BREAKDOWN (What the club needs to spend money on to make the fundraiser possible):		\$
GUARANTEED INCOME (What the club knows it will make from the fundraiser):		\$
POTENTIAL ADDITIONAL INCOME:		\$

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

Faculty/Advisor _____ (Print)	Dep. _____
Faculty/Advisor _____ (Signature)	Date _____
Email _____	Will be attending? _____
Student Contact _____ (Print)	Phone _____
Email _____	
Student Contact _____ (Signature)	Date _____

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

Club Sports Coordinator _____ (Signature)	Date _____
Asst. Dir. Athletics/Camp Rec _____ (Signature)	Date _____