

**SOUTHEASTERN LOUISIANA UNIVERSITY
FUNDRAISER FORM**

ORGANIZATION: _____ DATE OF EVENT: _____

NAME OF FUNDRAISER: _____

CHAIRPERSON: _____ W #: _____

PHONE: _____ E-MAIL ADDRESS: _____

DESCRIPTION OF FUNDRAISER: _____

PROJECT MONEY WILL BE USED FOR: _____

ADMISSION/COST: \$ _____ SPONSORSHIP: _____

IS THIS A CO-SPONSORED EVENT: YES (IF YES, COMPLETE BELOW)

NO

NAME OF CO-SPONSOR: _____

CONTACT PERSON: _____ PHONE NO: _____

EXPECTED
ATTENDANCE/SALES: _____
INCOME: _____
MINUS EXPENSES: _____
PROFIT: _____

DONATIONS
DONOR: _____
ADDRESS: _____
AMOUNT: _____

SIGNATURES REQUIRED: _____ DATE: _____

FACULTY/STAFF ADVISOR: _____

PRESIDENT OF ORGANIZATION: _____

EVENT CHAIRPERSON: _____

STUDENT ENGAGEMENT: _____

DIRECTOR - STUDENT ENGAGEMENT: _____