

# Sport Club Fundraising Form



Sport Club Name: \_\_\_\_\_

President's Name: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_

Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Time(s) of Event: \_\_\_\_\_

Location: \_\_\_\_\_

Describe Event (Include Prizes in Detail): \_\_\_\_\_

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Expected Earnings: \_\_\_\_\_

Cost of Event: \_\_\_\_\_

**Profit from this event must be deposited within 48 hours after the event**

Treasurer's Signature: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_

Campus Recreation Approval: \_\_\_\_\_