Student Organization Fundraising Request

Organization Name _______________________________________________________

President ______________________ / Contact Info (t) _______ /email ________________________

Treasurer ______________________ / Contact Info (t) _______ /email ________________________

Describe the planned fundraising activity:

How many participants are expected to attend? ______

Where will activity take place:

When will activity take place: Date(s) ______________

How does the activity fall within the mission/objectives of the organization?

Will alcoholic beverages be available/sold at the event. yes ______ no ______

If yes, will all provisions of CM-36, “Guidelines for the responsible use of Alcohol at the LSUHSC” be met.
yes ______ no ______

Will all financial procedures describe in the organizations by-laws be followed? yes____ no _____

Will anything e.g., clothing, mugs, artifacts, etc. that display the LSU name, LSU logo, or other indicia be sold or raffled? Yes ____ no ____

If yes, please explain

If minors are expected to attend the event will they be under the supervision of a responsible adult:
yes____ no ____

Explain

Explain any potential physical or psychological harm/risk to participants associated with this activity.

Please attached copies of materials e.g., flyers, posters, etc. that will be used to advertise this event.