

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.