Office of Campus Involvement

REQUEST TO HOLD A FUNDRAISER

Contact the Office of Campus Involvement at (580) 559-5207 if you have any questions.

Name	of	Club	Or	-	Orga	anization:
Requested By:			Office/Title:			
Phone	#:			Email		Address:
Type of fundrai	ser:					
Location:						
Purpose		/Description		of		Activity:
Start Date:	Ha	Time: L	ocation:	Permit Re	quest F	orm:
Estimated	Profit:	\$	Proce	eeds \	Will	Benefit*:
*If a portion of the	ne proceed 	s will benefit at chari	cable cause/orga	nization ple	ase speci	fy the
Company or ag	ency you	are working with o	n fundraiser/co	llection		
drive:						
		resentative:			Phone:	
Advisor Signatu				Ph	one:	

OFFICE USE ONLY	*********	*********
DATE RECEIVED	RECEIVED BY	Y
DATE APPROVED	NOT APPROVED	CAMPUS INVOLVEMENT

Please submit this form to:

The Office of Campus Involvement ADM 150