2016-17 Charitable Fundraising Request Form

RSO: ___________________________________________ Date: __________________________

SAO Adviser: ________________________________________________________________

Contact Person: __________________________ Name (Print Clearly) __________ Phone ______ Email ______

Description of Fundraiser: ______________________________________________________

Name of Charity: ______________________________________________________________

Charity Contact Person: __________________________ Phone: __________________________

Address: __________________________ Email: __________________________

Charity Contact Person: __________________________ Phone: __________________________

Checklist of Requirements for Holding a Fundraiser

☐ Obtain approval of facility manager:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ Obtain charity’s approval to use name in conjunction with fundraiser by:

Date: __________________________

☐ Secure a ticket crew and complete the Ticket Crew Request Form (available in SAO)

☐ At least two RSO members must be present to monitor fundraising activities at all times

☐ Provide SAO with a written approval from the facility manager by:

Date: __________________________

☐ Provide SAO with copies of bank-deposit slip(s) showing fundraising activity revenues

☐ Provide SAO with a copy of a receipt or statement from the charity acknowledging gift

☐ Provide complete revenue report to SAO

☐ Schedule an evaluation meeting with SAO adviser by:

Date: __________________________

Signature of Student Organization Contact Person __________________________ Date: __________________________

Approved by SAO Adviser __________________________ Date: __________________________