OFFICE USE ONLY

Date Received: _____ Initials: _____

PARKER UNIVERSITY

FUNDRAISER APPROVAL FORM

Name of Organization: _____

Beginning Date: _____ Ending Date: _____

Description of Fundraiser:

Will you be conducting a Raffle? ☐ Yes* ☐ No

*If you are having a raffle, please be sure to check with Alexandra Harrel to ensure you are within compliance of the Texas Charitable Raffle Laws.

What is the cost to participants? $_____

Purpose of Fundraiser:

Equipment Requested:

_____

Make sure to request room through Exchange for Booking for fundraiser dates and times.

By signing below, the President, Treasurer and Advisor, agree to conduct the above fundraiser within the guidelines stated. In addition, a Financial Report of income and expenses will be filed with the Dean of Students within ten days after the fundraiser.

_____ _____

President's Signature Date Advisor's Signature Date

_____

Treasurer's Signature Date

Fundraiser is: ☐ Approved ☐ Approved with Conditions ☐ Not Approved

Conditions of Approval: _____

_____

Coord. Student Engagement _____ Date _____

Dean of Student Affairs_____ Date _____