

FUND RAISING APPLICATION
Eastfield College

<i>Club/Organization</i>	<i>Club Account #</i>
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Section I: To be completed BEFORE fund raising activity

Fund Raising Activity Information

<i>Date & Time:</i> _____	<i>Location:</i> _____
<i>Purpose of Fund Raising Activity:</i> _____ _____	
<i>Description of Fund Raising Activity:</i> _____ _____	
<i>Will there be any outside contributors?</i> <input type="checkbox"/> ____ Yes <input type="checkbox"/> ____ No	
<i>If yes, list name(s) and contribution(s):</i> _____ _____	

Club Approvals/Signatures

By signing below, you have agreed to financial procedures outlined in this request and that all income from the activity will be deposited in the club account by the first working day following receipt in the Business Office. A full accounting of all club expenses and income will be filed with the Office of Student Life.

<i>Financial Report will be filed by:</i> _____	<i>Date to be filed:</i> _____
<i>Signature of Club President/Officer:</i> _____	<i>Date:</i> _____
<i>Phone #:</i> _____	<i>Email:</i> _____
<i>Signature of Club Advisor:</i> _____	<i>Date:</i> _____
<i>Phone #:</i> _____	<i>Email:</i> _____

Office of Student Life Approvals/Signatures

<i>Signature of Club Liaison</i>	<i>Date</i>
<i>Signature of Office of Student Life Director</i>	<i>Date</i>
<i>Signature of College President</i>	<i>Date</i>

Section II: To be completed AFTER fund raising activity

Financial Information Accounting Report

<i>Total income</i>	\$
<i>Total expenses (attach receipts)</i>	\$
<i>Net profit/loss</i>	\$
<i>Amount deposited</i>	\$
<i>Signature of Club Advisor</i>	<i>Date</i>