SOUTHEASTERN LOUISIANA UNIVERSITY
STUDENT ORGANIZATIONS/GREEK LIFE FUNDRAISER FORM

ORGANIZATION: _____ **DATE OF EVENT:** _____

NAME OF FUNDRAISER: _____

CHAIRPERSON: _____ **PHONE:** _____ **E-MAIL ADDRESS:** _____

DESCRIPTION OF FUNDRAISER: _____

_____

_____

PROJECT MONEY WILL BE USED FOR: _____

ADMISSION/COST: $_____ **SPONSORSHIP:** _____

IS THIS A CO-SPONSORED EVENT: **YES** _____ **(IF YES, COMPLETE BELOW)**

NO _____

NAME OF CO-SPONSOR: _____

CONTACT PERSON: _____ **PHONE NO:** _____

EXPECTED	**DONATIONS**
ATTENDANCE/SALES: _____	**DONOR:** _____
INCOME: _____	**ADDRESS:** _____
MINUS EXPENSES: _____	_____
PROFIT: _____	**AMOUNT:** _____

SIGNATURES REQUIRED:	**DATE:**
ADVISOR OF ORGANIZATION: _____	_____
PRESIDENT OF ORGANIZATION: _____	_____
EVENT CHAIRPERSON: _____	_____
DIRECTOR, STUDENT ORGANIZATIONS: _____	_____
ASST. V.P. for STUDENT AFFAIRS: _____	_____