ATHLETIC FUND RAISING REQUEST

Athletic Team: ______________________________________________________

Event Name: ________________________________________________________

Campus Location of Event (if applicable): _________________________________
__________________________________________________________________
__________________________________________________________________

Contact Person (Name and Contact Information): ___________________________
__________________________________________________________________

Brief Description of Activity:

Date(s) of the Event:__________________________________________________

Amount of funding from your team’s SUF general account prior to any sales or revenue being realized: ________________________________________________

Total Projected Cost / Profit from the Activity: _____________________________

Coach Requesting Approval ____________________________________________

Signature ______________________________ Date_________

Approval Signatures:

Jeffrey A. Michaels _________________________________ Date ________
Director of Athletics

Randal P. Hammond _________________________________ Date ________
Director – Conference Services

John E. Clinton (if needed)___________________________ Date ________
President / CEO – SU Foundation

Reminder: If this activity involves sales or solicitation on campus, approval must be granted by the Extracurricular Activities Committee. Applications can be obtained from the Student Senate Office in Room 323 of the Ceddia Union Building.

Rev. 09/09