

Office of Student Life
Niagara County Community College

Fundraising Event Request Form

Advertisements may not be distributed until approved by Student Life

Student Group Name: _____
Student Group Contact Person(s): _____
Cell #: (_____) _____ Email: _____

Description of Fundraiser:

Is this a community service event for your club requirement (if applicable)? Y or N

*****If so, please have Student Life approved event and amount of hours***** Student Life Signature: _____

Proceeds will be going to:

Method of Fundraising:

☐ Bake Sale ☐ Basket Drawing ☐ Sale of Product: _____
☐ Benefit Concert ☐ Restaurant Sponsorship ☐ Other: _____

Start Date: __/__/__ Time: __:____ End Date: __/__/__ Time: __:____

Location:

☐ Main Cafeteria (G-209)** ☐ F-Building Lobby** ☐ Outside the Bookstore**
☐ G-201* ☐ G-117B* ☐ Other: _____

NOTE: Bake sales may ***not*** take place outside of the bookstore

Equipment Needed:

☐ ____ Tables ☐ ____ Chairs ☐ Cash Box ☐ Arrow Dry Erase Sign

Funding Needed? If so, How much is needed and for what?

***All completed forms must be received by Student Life at least ten (10) business days prior to the proposed event date.
Contact persons listed on this form will be notified when the proposed fundraising event has been approved.***

All receipts and/or collected funds must be deposited with the College Association (G-215) directly following the event
(Note: CA is closed daily from 12-1pm)

*Reservations for these locations can be made in the Student Life office

Reservations for these locations **MUST be made via Facility Usage form by the Advisor and the confirmation forwarded to Student Life (G243)

Student Group President Signature: _____ Date: __/__/__

Student Group Advisor Signature: _____ Date: __/__/__

FOR OFFICE USE ONLY

Date Received: _____

Student Life Coordinator Initials: _____

Amount approved: _____

Facilities Request Submitted: __/__/__

Student Government Officer Signature _____

Received By: _____

Approval Emailed: __/__/__