## Department Fundraiser Request Please submit one form for each fundraiser for which you are seeking approval. \*\*Submit AT LEAST 4 weeks before the event.\*\*

\* Please print clearly \* Department Name: For what activity/fund/organization are you raising money? Contact Person: Phone #: Email: Date of Request: Date(s) of Fundraiser: Name of Fundraiser: Up-Front costs of Fundraiser: How much money do you expect to raise with this fundraiser? How will you promote/advertise your fundraiser? Detailed description of Fundraiser (include time, duration, location, etc.): If a business/organization is donating any goods or funds, or will be associated in any way with this fundraiser, fill out their information on the back of this form. Service or item being offered: If you are offering a service or item, how much will you charge? What is the Fair Market Value of the service or item being offered? (Fair Market Value is the amount you would expect to pay for an item or service under normal circumstances.) If you are providing food, (not concessions), you must obtain permission from Provider and attach a Provider request form. Provider form attached. \*Please note that it is against policy to sell homemade food items on campus.\* \*If you need equipment or facilities for an event, please contact the Office of Conferences and Events at ext. 4374 or conferencesandevents@calbaptist.edu Department Head Approval: Date: University Advancement Approval: Date:

## Business/Organization information #1

Business/Organization Name:		
Contact Name:		Phone #:
Address:		
City:	State:	Zip:
Email:		
Describe what this Business/Organization is	donating to your fundraiser (money, foo	d, or other goods and services):
#2		
Business/Organization Name:		
Contact Name:		Phone #:
Address:		
City:	State:	Zip:
Email:		
Describe what this Business/Organization is	donating to your fundraiser (money, foo	d, or other goods and services):
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