MCLA Student Fund Raising Activity Application

Club/Organization Name		Representat	Representative	
MCLA Box #	Telephone #	Email Addre	SS	
Name of Propose	ed Activity			
Description of Pro	oposed Activity:			
Date(s) of Propos			pposed Activity:	
Location of Propo	osed Activity*:			
(*Location must b	pe reserved through Student I	Development Office <u>after</u> this app	lication is approved.)	
ls this activity a ra	affle? ☐ Yes ☐ No	If yes, date of raffle winner selection		
		Campus official/witne	SS	
If you are solicitir	ng donations of goods and se	rvices, please list the business ar	nd/or companies you intend to ask	
Proceeds will Be	nefit			
	unds may benefit a specific M philanthropic endeavor	ICLA organization, student club o	or be used as a donation to a	
- A			o proceeds being dispersed to recipient nd-raising activity. Deposit daily money	
extend the resou below assures th	rces of a club or organization, e College that you understan	, specific money management sta	aising money for a good cause or to andards must be met. Your signature ose standards, and know that you are ose.	
Representative Signature			Date	
	ns must be submitted to the proposed event.	he Student Development Offic	ce, Campus Center 309, at least two	
Approved	Date	Disapproved	Date	
Special Note:				
*If the activity is p	planned for campus residence	e areas, Residential Programs an	d Services approval is required.	
RPS Approval:		Da	Date:	
cc: _	Student Accounts ARAMARK RPS	Public Safety Student Develo	pment Facilities IGC Advisor	