QUINSIGAMOND COMMUNITY COLLEGE
FUNDRAISER REQUEST FORM
Update: 7/2/2019

Date of Request: FR #20___-________

Club/Organization Name_________________________________ Club/CC#________________

Duration of Fundraiser Activity: Start Date: ____/____/_____ To: ____/____/_____ 

Solicitation: On Campus____________ Off Campus____________ Both____________

Description of Fundraising Activity: ____________________________________________

Attach any available documentation
(Flyers, forms, advertisements or other related to the fundraising)

Purpose of Fundraising Activity: _______________________________________________

If applicable, any fundraiser involving Food and/or Beverage:
Has the Fundraiser Food and Beverage Regulation Sheet been reviewed? * _______

*If YES - Signed Food and Beverage Regulation Sheet attached

Club/CC Official-Print Name: ______________________________ Signature:

Club/CC Advisor Print Name: ______________________________ Signature:

College Ext# of Club Advisor:_________

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Approval Signatures
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Director of Student Life & Leadership
Michael Beane

Date

Assistant Vice President for Finance/Comptroller
Debra A LaFlash

Date

White Copy – Business Office  Yellow – Student Life  Pink – Club Folder