

**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: _____

Approval Signatures

Director of Student Life & Leadership
Michael Beane

Date

Assistant Vice President for Finance/Comptroller
Debra A LaFlash

Date