Salisbury University
Sport Club Fundraising Proposal

CLUB: ___________________________________ DATE: __________________________

TYPE OF FUNDRAISER: ______________________________________________________

FUNDRAISER CONTACT ______________________  TITLE __________________________

**ALL ACTIVITIES MUST BE APPROVED PRIOR TO ANY ACTION TAKEN!**
**THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE ASSISTANT DIRECTOR OF CAMPUS
RECREATION AT LEAST 30 DAYS PRIOR TO THE FUNDRAISER.**

1. What is the nature of the fundraiser (Include dates, times, location(s), length of fundraiser; please be as specific as possible!)?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. What will the funds be used for? __________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. Are there any overhead costs involved (If yes please provide a breakdown and explanation of the costs on the back of this page or on an additional sheet and provide information on how the club intends to pay for these costs.)?  ______________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. If any money is handled, how will this be handled (Explain who will be collecting money and where it will be deposited.)? _____________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Comments/Notes/Concerns ______________________________________________________
________________________________________________________________________
________________________________________________________________________

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PLEASE NOTE: All fundraisers must be approved prior to acceptance.

LIST OF INCOME/EXPENDITURES OF FUND RAISING PROJECT (Attach an additional page if necessary)

<table>
<thead>
<tr>
<th>ITEM</th>
<th>DESCRIPTION/PURPOSE</th>
<th>COST</th>
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<tbody>
<tr>
<td>EXPENDITURES:</td>
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<tr>
<td>GUARANTEED INCOME:</td>
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<td>POSSIBLE ADDITIONAL INCOME:</td>
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<td>$</td>
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<tr>
<td>POSSIBLE NET INCOME:</td>
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By signing below, you are acknowledging that the information presented is accurate to your knowledge. I also realize that I may be contacted for additional information regarding this issue.

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**For Office Use Only**

Asst. Dir. Of Campus Rec. ________________________ Date _________________________

Director of Athletics __________________________ Date _________________________