Kingsborough Community College Office of Student Life

Phone: 718.368.5597 – Fax: 718.368.4801

REQUEST FOR FUND RAISING ACTIVITY

This form must be filled out completely, and ple you are raising funds for and the amount you ar business days before any funds are collected.		•	-
PLEASE PRINT			
Club/Organization:		Date of Req	uest:
Name of Event:		Event Date:	
Event Location(s):		Event Time:	
Target Amount:	Event Description	:	
Intended Use of Funds (identify the recipien	t(s) of any charitat	ole donations):	
Will funds from the club's budget be used? I	f so, how:		
List items that need to be purchased (includ	e the source for ea	ach item):	
Person who will complete deposit of funds Name:			
Student completing this form (Will serve as	Event Contact for	this event)	
Name:	Phone:	Email:	
Event Contact			Date
Faculty Advisor			Date
Director of Student Life			Date
Vice President of Finance and Administration	 วท		Date