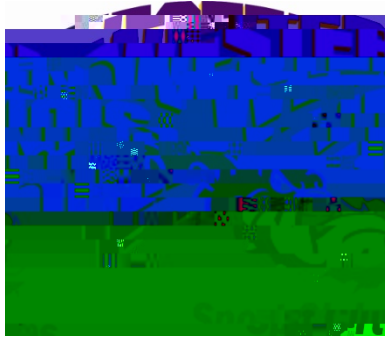


Sport Club Fundraising Form



Sport Club Name: _____

President's Name: _____

Advisor's Name: _____

Event: _____

Date(s) of Event: _____

Time(s) of Event: _____

Location: _____

Describe Event (Include Prizes in Detail): _____

Expected Earnings: _____

Cost of Event: _____

Profit from this event must be deposited within 48 hours after the event

Treasurer's Signature: _____

Advisor's Signature: _____

Campus Recreation Approval: _____