

Stony Brook University
 Department of Student Union and Activities
APPLICATION FOR PERMISSION TO FUND-RAISE ON CAMPUS
 Undergraduate Student Government Clubs/Organizations

Sponsoring Organizations(s): _____

Program Advisor: _____

Event Name: _____

Event Date: _____ **Event Time:** _____ **Event Location:** _____

Description of Event: _____

Contact Person: _____ **Phone:** _____ **E-Mail Address:** _____

Address: _____

Name of Organization Receiving Funds: _____

Address: _____ **Phone:** _____

_____ **Fax:** _____

Provide a brief description of fundraiser: _____

Total Expected Revenue: \$ _____

The undersigned officers of the above mentioned organization(s) agree to abide by University fund-raising policies and the conditions of the plans outlined above.

Name (Print)	Signature	Position	Date
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NOTE: The sponsoring group will need to have the organization receiving the donation send a letter to the Department of Student Union & Activities acknowledging that they are aware the sponsoring group intends to make a donation. This letter can be faxed to (631) 632-6756, Attn: Director for Student Activities.

For Office Use Only:

Approval:__ **Denial:**__

_____	Date
Director for Student Activities	
_____	Date
USG Treasurer	
_____	Date
USG Administrative Director	

Comments/ conditions of approval: _____

Is Approval from Faculty Student Association required? Yes__ No__

	Signature	Date
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FOR FUND-RAISERS OVER \$500.00:

_____	Date
Vice President for University Affairs	