



ST. JOHN FISHER COLLEGE EVENT REGISTRATION FORM

Please check one of the following:

- Fundraiser
- Community Service
- Special Event
- Other, please specify: _____

Date Submitted: _____

Contact Information

Club/Organization Name: _____
 Contact Person: _____
 Phone Number: _____ Email: _____
 Date of Event: _____ Fundraising Goal (if applicable): \$ _____

Describe Organization Plan

*(For example:
 type of fundraiser, location and what you are raising money for, name of service location, etc.)*

Estimated expenses: _____ Current account balance: _____

Club Contact Signature: _____
The signature of the club contact indicates that the organization agrees to abide by the fundraising policies as stated in The Source.

Advisor Signature: _____

- | | |
|--------------------------------------------|-----------------------------------------------|
| _____ Table/Facility Reservation | _____ Petty cash/Change Box set up |
| _____ Confirmation # _____ | _____ Office of Campus Life Notified |
| _____ Publicity | _____ Student Government Association Notified |
| _____ Email Approval (for Office Use Only) | |