SOUTHWESTERN UNIVERSITY
PRE-FUNDRAISING EVENT FORM

Date Submitted: _____

Name of Event: _____

Date: _____ Time: _____ Location: _____

Sponsoring Department/Organization: _____

Contact Person: _____

Email: _____

Phone: _____

SU Box: _____

Proceeds will go to the following charity:

_____

Anticipated Revenue: _____

Budget for Event: _____

Projected Cost: _____

Participant Pool: _____

Comments:

Note: Form must be returned to the Office of Student Activities **two weeks prior to the event**. Within **two weeks after the event**, please submit all receipts and final budget showing expenses and profit paid to the charity, attendance, and evaluation of the event.

Office of Student Activities: _____ Date: _____

SOUTHWESTERN UNIVERSITY
POST-FUNDRAISING EVENT FORM

Date Submitted: _____

Name of Event: _____

Date: _____ Time:_____ Location:_____

Sponsoring Department/Organization: _____

Proceeds were donated to the following charity:

_____

Total Revenue: _____

Expenses incurred for the Event: _____

Total Revenue: _____

Evaluation: Please include information about the number of participants attending the event and comments about the success of the event.

Note: Please submit all receipts and a copy of the check issued to the charity.

Office of Student Activities: _____ Date: _____