## **Student Organization Fundraising Request**

Organization Name		
President	/ Contact Info (t)	/email
Treasurer	/ Contact Info (t)	/email
Describe the planned fundra	ising activity:	
How many participants are o	expected to attend?	
Where will activity take plac	e:	
When will activity take place	: Date(s)	
How does the activity fall wit	thin the mission/objectives of the organ	ization?
Will alcoholic beverages be a	vailable/sold at the event. yes	no
If yes, will all provisions of C yes no	M-36, "Guidelines for the responsible	use of Alcohol at the LSUHSC" be met.
Will all financial procedures	describe in the organizations by-laws b	be followed? yes no
Will anything e.g., clothing, raffled? Yes no	mugs, artifacts, etc. that display the LS	SU name, LSU logo, or other indicia be sold or
If yes, please explain		
If minors are expected to att yes no Explain	end the event will they be under the su	pervision of a responsible adult:

Explain any potential physical or psychological harm/risk to participants associated with this activity.

Please attached copies of materials e.g., flyers, posters, etc. that will be used to advertise this event.