



Fundraising Idea Form

Region: \_\_\_\_\_ Fundraiser Leader: \_\_\_\_\_

Group, or program benefiting: \_\_\_\_\_

Date(s) of Proposed Fundraiser: \_\_\_\_\_

Location(s) \_\_\_\_\_

Capacity: \_\_\_\_\_ Type of Fundraiser: \_\_\_\_\_

Proposed Name of Fundraiser: \_\_\_\_\_

Will there be alcohol? \_\_\_\_\_ If so who will provide it? \_\_\_\_\_

Will there be catering? \_\_\_\_\_ If so who will cater it? \_\_\_\_\_

Is there a designated theme? \_\_\_\_\_

Will you need a cashbox? \_\_\_\_\_ Will you need a clover or square device? \_\_\_\_\_

Will tickets be presold? \_\_\_\_\_ What service used for presale? \_\_\_\_\_

How many volunteers do you anticipate it will take to operate event? \_\_\_\_\_

How many volunteers do you have for the event? \_\_\_\_\_

Will this event need advertising on social media? \_\_\_\_\_

Will there be entertainers? If So List \_\_\_\_\_

Note: \_\_\_\_\_

This form must be turned into Resource Management 3 weeks prior to the start of any fundraisers. Approval or Corrections and Annotations will be received from Resource Management within two business days.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Resource Management Use

Approved  Not Approved  Approved with Revisions

Signed: \_\_\_\_\_ Date: \_\_\_\_\_