Written authorization of College of Health and Human Services Dean’s Office must be obtained prior to conducting the event. Please submit request at least two weeks prior to the event.

Date __________________________

Date(s) of Activity _______________ Time(s) of Activity ______________________

Sponsoring Organization ________________________________________________________

Description of Fundraising Activity _____________________________________________
____________________________________________________________________________
____________________________________________________________________________

Location of Activity _____________________________________________________________

Sponsoring Organization president’s name/telephone number (printed)
____________________________________________________________________________

Sponsoring Organization president’s signature: ___________________________ (date)

Advisor’s Name/Telephone number (printed)
____________________________________________________________________________

Advisor’s signature: ___________________________ (date)

Sponsoring Department/Telephone number (printed)
____________________________________________________________________________

Sponsoring Department Head’s signature: ___________________________ (date)

Approval ___________________________ (date)

Dr. Helen Reid, Dean ___________________________ (date)

REMINDER – posting of events is NOT permissible on painted surfaces. If signs are posted on ANY painted surfaces, organization will lose fundraising privileges in the Professional Building.

Revised 3/2009