

Stony Brook University - Office of Student Activities  
**APPLICATION FOR PERMISSION TO FUND-RAISE ON CAMPUS**

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Club/Organization: \_\_\_\_\_ Program Advisor: \_\_\_\_\_

*Club/Org Officer Responsible for Fundraiser*

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

*Event Details*

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Time: \_\_\_\_\_ Event Location: \_\_\_\_\_

Event Description: \_\_\_\_\_

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*Beneficiary Information*

Organization Receiving Funds: \_\_\_\_\_ Phone: \_\_\_\_\_

*Fundraiser Description (how are you collecting money?)*

\_\_\_\_\_  
 \_\_\_\_\_

Total Expected Revenue: \_\_\_\_\_

The undersigned officers of the above mentioned organization(s) agree to abide by University fund-raising policies and the conditions of the plans outlined above.

Officer Name (print)	Title	Signature	Date
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**For Office Use Only**

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Student Activities Representative	Date	FSA Approval (if necessary)	Date
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USG Treasurer (if funded)	Date	USG Administrative Director (if funded)	Date
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FOR FUND-RAISERS OVER \$500.00:

Vice President for University Affairs	Date
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Comments/Conditions for Approval

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