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: ___________