

Fundraising and Awareness Initiatives Application Form

1) <u>STU</u>	DENT'S CONTACT INFORMATION	Please select one main contact for your group
a)	Main Contact Name:	
b)	Contact Phone Number:	
c)	Contact Email:	
d)	Program Name:	
e)	Please list the names of all additional studen	ts involved in this initiative:
2) PR(
	Initiative Name:	
		Requested Time of Initiative:
, c)	Requested location:	
d)		
e)	# of Tables Required:	
	Other Equipment: Please note any changes re: tables, chairs or ea your application has been submitted and appr	quipment for your event that are requested after oved may or may or may not be possible.
f)	Is this initiative intended to raise: \Box Funds	□ Awareness □ Both Funds and Awarenes
g)	Where will the funds, if any, be donated to: Name of Organization:	

3) STUDENT ACKNOWLEDGEMENT (Please note you are signing on behalf of your group and you are responsible to make sure your group is aware of all requirements and guidelines.).

I, (<i>Name, please print</i>) have read this		
I, (<i>Name, please print</i>) have read this application and confirm that (<i>please check boxes</i>):		
\Box I acknowledge on behalf of our group that we are required to comply with the College's fundraising and awareness initiatives procedures.		
\Box I am aware I will be required to fill out an initiative evaluation form to be returned to the Advancement and Alumni Relations Department within two weeks after the initiative date.		
Signature:		
Date:		
OGRAM COORDINATOR APPROVAL (REQUIRED)		
I, (<i>Name, please print</i>) have read this application and confirm that this initiative falls within the requirements of my program.		
Signature:		
Date:		
e submit your application by email at least two weeks in advance of the proposed initiativ		

Please submit your application by email at least two weeks in advance of the proposed initiative date to the attention of <u>one</u> contact below. <u>Check the box next to the campus listed below</u> and choose the email contact based on where your event will be held if approved.

Sutherland or FrostCampus contact: Haliburton School of the Arts contact: Cobourg Campus contact: physical.resources@flemingcollege.ca ted.brandon@flemingcollege.ca colleen.johnston@flemingcollege.ca

OFFICE USE ONLY

Facilities Operations Officer (Frost and Sutherland) or Designated Staff (HSTA and Cobourg)

Date:			
Copy forwarded by Physical Resources (as requi	ired) to:		
Advancement and Alumni Relations Office		□ SA/C	🗆 Finanœ