



STUDENT ACTIVITY SALES COLLECTIONS

Date of Event: _____

Activity Title: _____

Name of Organization/Club: _____

Treasurer/Financial Officer Listed on Club Registration: _____

Index Number and Financial Account to be used for Event: _____ Cost of Event: _____

Contact Person: _____ Phone: _____ Email: _____

Location: _____ Permits/Contract required: _____

What is the Admission price? _____ Collected at the Door? Yes No Collected in advance? Yes No

Food Provider: SFSC Prepared? Yes No **If prepared by SFSC please attach a catering request.**

Group Prepared? Yes No Other? Yes No

If food is sold, what are you selling? _____

Cost per item? _____

Other Sales: _____

Any t-shirt, cap, or button must be approved through Community Relations prior to activity approval. A copy of approval must be attached to this form.

Raffles: (see policy)

Donation Amount: _____

| Prize | Donated by | How Collected |
|-------|------------|---------------|
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Expected date to deposit funds: _____

Estimated profits: _____

Club Advisor (please Print)

Signature of Club Advisor

Date

If you are having a fundraiser make sure this form is attached to your Student Activity Clearance Request. It will not be approved without this form.