

Salisbury University Sport Club Program

# FUNDRAISING PROPOSAL

CLUB:

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TITLE

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LOCATION, AND OTHER PERTINENT INFORMATION:

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USED FOR?

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COSTS INVOLVED? (If yes, please provide a breakdown and explanation of the costs and

LIST OF INCOME/EXPENDITURES OF FUNDRAISING PROJECT (Attach an additional page if necessary)

ITEM	DESCRIPTION/PURPOSE	COST
OVERHEAD COSTS BREAKDOWN (What the club needs to spend money on to make the fundraiser possible):		\$
GUARANTEED INCOME (What the club knows it will make from the fundraiser):		\$
POTENTIAL ADDITIONAL INCOME:		\$

By signing below, you are acknowledging that the information presented is accurate to your knowledge. You also realize that you may be contacted for additional information.

Faculty/Advisor _____ (Print)	Dep. _____
Faculty/Advisor _____ (Signature)	Date _____
Email _____	Will be attending? _____
Student Contact _____ (Print)	Phone _____
Email _____	
Student Contact _____ (Signature)	Date _____

**\*\* For Office Use Only \*\***

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Asst. Dir. Athletics/Camp Rec \_\_\_\_\_ Date \_\_\_\_\_  
(Signature) (Signature)

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