MUSKEGON COMMUNITY COLLEGE
Application to Raise Funds Form

This form must be completed and submitted to the Student Life Office at least two weeks prior to the activity.

Name of Club ____________________________________________________________

Location of Activity ______________________________________________________

Date(s) of Activity _______________________________________________________

Time(s) of Activity ___________________________ to ___________________________

Person in Charge of Activity ___________________________ Phone ____________

Number of People Working on Activity ______________________________________

Please describe in detail the type of fund raising activities you wish to have. Include product or service sold or the type of raffle and prices (all raffles must be licensed by the state.)

_________________________________________________________________________

_________________________________________________________________________

In brief, why does your group need to raise funds at this time? For what purpose will the funds be used?

_________________________________________________________________________

_________________________________________________________________________

Our group agrees to abide by all Muskegon Community College policies, bylaws, rules and regulations concerning fund raising activities. We confirm that the above description of our activities is accurate and complete. Will minors* be participating or attending? _______yes _______no

Signature of Fund Raising Organizer Date Phone

Signature of Advisor Date Phone

PLEASE DO NOT WRITE BELOW THIS LINE

_________Permission Granted ___________Permission Denied

Explanation: ____________________________

Student Life Coordinator's Signature (Date)

*A minor is defined as any person 17 years of age or younger.

6/15/2010