

**JACKSONVILLE STATE UNIVERSITY
OFFICE OF STUDENT ACTIVITIES**

FUNDRAISING/SOLICITATION REQUEST

Date of Request: _____

Name of Organization: _____

Description of Activity: _____

Purpose (intended use of money raised): _____

Date(s) and Time(s) of Activity: _____

Person making application (please print)

Name: _____

Address: _____

Phone Number: _____

Office held in organization: _____

Please attach any copy of advertisements or other printed material about your activity or products.

Signature of Applicant

Signature of Advisor

Please Print Name

Please Print Name

Approved - Director of Student Life

***RETURN TO THE OFFICE OF STUDENT LIFE
402 - TMB, 782-5491***