Palo Alto College
APPLICATION FOR FUNDRAISING PROJECTS
2 WEEKS IN ADVANCE

1. Name of Student Organization ________________________________

2. Date of event(s) ____________________________________________

3. Requested location(s) _________________________________________

   Make sure you have filled out a FACILITIES REQUEST FORM. Without it you will not have tables and/or chairs.

4. Time of event(s) ____________________________________________

5. Type of project (Hot food sale, bake sale, flea market, etc.) ____________

   ____________________________________________________________________

6. Name of Sponsor(s) supervising project at site _______________________

   ____________________________________________________________________

7. Has active status been granted for the current semester for this organization?
   ______ Yes  ______ No

8. Sponsor’s Signature _________________________________  Date ___________

9. Contact Person _________________________________ Phone# ____________