



Application for Student Organization Fundraise/Activity

Student Organization: _____

Name of fundraising activity: _____

Event Description: _____

Proposed Date of Event: _____

How will money be handled and by whom? _____

Please note that alcohol *is strictly prohibited* and any Seton Hall University sponsored event.

For all events, whether on or off campus, a responsible faculty member must be designated who will be available, if necessary.

Responsible Faculty Name: _____

Responsible Faculty Phone number: _____

Student member name [this will be the highest-ranking student board member within the organization]: _____

Student signature: _____

Advisor Name: _____

Advisor Signature: _____

Department Chair: _____

Department Chair Signature: _____

Date: _____

Please submit a copy of any flyer, order forms, etc. with this application