

Application for Fundraising Event

To be Completed and Signed by Club Advisor or Athletic Coach

Date: _____

Proposed Event: PINK RIBBON CIPOLITE NIGHT

Description and Purpose of Fundraiser: WHEREN MENTIONED AT

CIPOLITE ON NOVEMBER 2ND A PORTION OF ALL COST GOES

DIRECTLY TO WOMEN'S WELLNESS CENTER TO SPONSOR TREATMENT OF

breast cancer for those who can not afford it

What will the money be used for? DONATION

Where will money be deposited? ASU _____ Dolphin Force _____

501(c)3 X (specify name) WOMEN'S WELLNESS CENTER

Requesting Club/Organization: PINK RIBBON CLUB ASU Acct. # _____

Proposed Date(s) of Event: NOVEMBER 2ND, 2016

Location of Proposed Activity: CIPOLITE, OCEAN RANCH

Status of Event (circle one): New Event Held Previously (Years): _____

Other Background Information (such as other schools or clubs that have held similar events):

TEAMS / CLUBS HAVE PARTNERED WITH CIPOLITE BEFORE → FOOTBALL etc

Budget Plan for Activity (See Attachment)

Club Contact Person: TORI SICKMEIER & SARAH UPP

Club Representative (signature, date) SARAH UPP 11/17/16

Club Advisor/Athletic Coach: VTIRTZ

Club Advisor/Athletic Coach (signature, date) [Signature] _____

Student Council Recommendation (circle)

Yes No

Student Council Representative (name, signature, date)

Yes No

Principal or Designee Action (circle)

Yes No

Principal or Designee (name, signature, date) _____