Date of Application:

## TENNESSEE TECHNOLOGICAL UNIVERSITY STUDENT ACTIVITIES AND CAMPUS LIFE REQUEST FOR STUDENT ORGANIZATION FUNDRAISING PROJECT

Name of Organization:		
Date of Activity:	Location of Activity:	
Name of Security Officer (if necessary	y):	
Complete description of fundraising p	roject (date, location, cost,	use of money, etc.):
Requested by:	Campus Box:	Phone:
TTU Email		
Requestor's Signature:		
Faculty Advisor's Signature:		
The Request for Fundraising Project days prior to the event to the Office		
Approvals:	2.	
1Student Activities Office	Univ	ersity Police (if needed)

4.

Other (if needed)

3

Food Services (if needed)