

UNIVERSITY OF ROCHESTER
CLUB SPORTS PROGRAM

FUND RAISING ENTERPRISES

Club Sport _____ Date _____

President _____ Phone _____

Advisor _____ Phone _____

Business Manager _____ Phone _____

Description of Sales _____

Purpose of Sales Event (Be Specific) _____

Location of Sales/Event _____

Date of Sales/Event _____ Day of Sales/Event _____

Set-up Start Time _____ Sales/Event Start Time _____

Sales/Event End Time _____ Clean-up End Time _____

On-Site Person in Charge of Sales/Event _____ Phone _____

Charge? Y / N Amount _____ Expected number of "paying" participants/spectators/customers _____

Sales/Event Will Be Open to: UR Students UR Faculty/Staff Community Members All

List Expenses _____

Total Expenses \$ _____ Actual \$ _____

Total Expected Income \$ _____ Actual \$ _____

Total Expected Profit \$ _____ Actual \$ _____

Advance Needed \$ _____ Repayment Date _____

By Signing, I agree to adhere to the above information

President Date

By signing, I approve of this event:

SC Director Date

Evaluation Meeting _____
Date Time