Fund Raising Intent

Name of Group: _________________________________________________________________

Date of Request: ______________________________________________________________

Description of Fund Raising Activity (Include the cost of items):

<table>
<thead>
<tr>
<th>Beginning date of Fund Raiser</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ending Date of Fund Raiser:</td>
<td></td>
</tr>
<tr>
<td>Estimate of money to be</td>
<td></td>
</tr>
<tr>
<td>raised:</td>
<td></td>
</tr>
</tbody>
</table>

Describe projected use of money:

Approval: (After receiving the following signatures this form will go to Ms. Medsker for final approval)

Advisor: _____________________________________________ Date: _______________

Activity Treasurer: ________________________________ Date: _______________

ASB Treasurer: ________________________________ Date: _______________

Approved: Yes No

In No, state reason: __________________________________________________________

Administrator Signature: _______________________________ Date: _______________