

Note: Submit completed form to University Advancement at least 4 weeks prior to any fundraising activities

University Advancement, Salazar 2043 | Phone: 707.664.2712 | Fax: 707.664.2952 | email: advancement@sonoma.edu

Name of Event: _____ Proposed Date(s) _____

Event Location: _____

Proposed Budgeted Revenues	_____
Proposed Budgeted Expenses	_____
Proposed Net Proceeds	_____

Purpose of Event: _____

Estimated # of Participants: _____ Participant fee, if applicable: _____

Describe and list any potential sponsors (gift sponsorships or advertising sponsorships) and their expected participation:

Proposed Sponsor and Expected Participation:	Proposed Amount of Sponsorship:
_____	_____
_____	_____
_____	_____
_____	_____

What SOCMP fund will be used? _____	Don't Know	Will students participate in event?	Yes	No
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Will alcohol be served? Yes No	<input type="checkbox"/> SSE liquor license (contact CES)	Rental of SSU facilities needed? If yes, contact CES .	Yes	No
	<input type="checkbox"/> External entity's liquor license			

Is an auction or raffle planned? (If so, please describe) _____

Will consignment items be sold at event? ☐ Yes ☐ No If yes, contact Contracts and Procurement Office

Will volunteers participate in event? ☐ Yes ☐ No If yes, follow guidelines from the [Volunteers](#) section on the [Employee Services](#) webpage.

What types of payment methods will be accepted? ☐ Cash ☐ Check ☐ Credit Card

Event Contact Name	Department/Unit	Phone #	Email
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**FUNDRAISING EVENT
REQUEST FORM**

Name of Event: _____ Proposed Date(s): _____

Chartfield Account	Chartfield Description	Budgeted Amount	Notes
Revenues			
Subtotal Revenues		\$0	
Expenses			
Subtotal Expenses		\$0	
Net Projected Income		\$0	

Additional Notes or Comments on Proposed Budget:

Signature Approvals:

_____	_____	_____
Dean/Sr. Director	Signature	Date
_____	_____	_____
VP, University Advancement	Signature	Date
_____	_____	_____
University Controller	Signature	Date

Financial Services Use Only: Fund ID: _____ Project ID: _____