



# SANTA ROSA JUNIOR COLLEGE

## FUND RAISING ACTIVITY FORM

Sponsoring Campus Organization / Department \_\_\_\_\_

Purpose / Beneficiary of Event \_\_\_\_\_

_____	_____	_____
Date	Event Hours (including set-up and breakdown time)	Number Expected

Nature of Event (Sports, Concert, etc.) \_\_\_\_\_

Designated Coordinator / Address / Phone \_\_\_\_\_

Facility to be Requested Through Community Education \_\_\_\_\_

(It is the responsibility of the Designated Coordinator to (1) read, apply and conform to all conditions outlined in the SRJC Use of Facilities Form and (2) inform other campus departments and officers where philanthropic interests overlap and activities may be in competition.)

### Estimated Income

Source	Amount	
_____	\$ _____	
_____	_____	
_____	_____	Attach continuation pages if necessary.
Total Estimated Income	\$ _____	

### Estimated Costs (Facilities Use Fee, Supplies, Personal, Publicity, etc.)

Item	Cost	
_____	\$ _____	
_____	_____	
_____	_____	Attach continuation pages if necessary.
Total Estimated Costs	\$ _____	
Estimated Net Profits	\$ _____	

Please make checks payable to Santa Rosa Junior College

I certify that the net proceeds from this event will be used for the purpose / beneficiary as designated above.

By \_\_\_\_\_  
Designated Coordinator
\_\_\_\_\_  
Date

Approved \_\_\_\_\_  
Department Chairperson/Area Dean, as appropriate
\_\_\_\_\_  
Date

Approved \_\_\_\_\_  
Superintendent/President or VP, Business Services
\_\_\_\_\_  
Date

Revised 8/2009

Distribution: Business Services, Community Education, Foundation, Designated Coordinator, District Police