CLUB SPORTS – FUNDRAISING EVENT RESULTS FORM

CLUB:	DATE:
Officer completing from:	Position in club:
Email Address:	
Fundraiser	
Event Name:	Date:
How much did your club receive from this eve	ent:
Dues	
How much are your club's dues:	How many members paid this:
Sponsorship/ Donations	
Business Name:	How much did your club receive:
What did the business get in return: (i.e. adve	rtising on jerseys):
	OFFICE USE ONLY
DATE RECEIVED:	RECEIVED BY:
FORM COMPLETED: YES OR NO	

SIGN: ASSISTANT DIRECTOR - CLUB SPORTS



FERRIS STATE UNIVERSITY University Recreation DATE