



FUNDRAISER REGISTRATION FORM

Required prior to club/organization fundraising efforts

Center for Civic &
Global Engagement

All forms must be completed at least 2 weeks in advance of the event.
Call CCGE at 480.423.6590 if you have any questions.

Club/Organization: _____ **Contact Person:** _____

E-mail: _____ **Phone:** _____

Advisor: _____ **Phone:** _____

Is your event being co-sponsored by any other department/division/outside organization? YES NO
If **YES**, please provide name of co-sponsor: _____

Will you receive funds from this co-sponsor? YES NO If **YES**, how much? \$ _____

FUNDRAISING If your group is conducting a fundraiser, the following information is needed:

Date of Event: _____ Time: _____ Place: _____

Event: _____ Purpose of Event: _____

What is being sold: **NO DRAWINGS OR RAFFLES ARE PERMITTED!** _____

What authorized members will be handling the cash during the event? Please provide specific names. Note: Any employee or student handling cash for this fundraiser must complete the Cash Handling Training and Acknowledgement prior to the event. Check with Student Business Services for availability of cash boxes and/or credit/debit card readers.

Amount or Charge for Goods/Services: _____

Will admission be charged? YES NO If Yes, how much? _____

What SCC faculty/staff members will make the deposit on the club's/organization's behalf? _____

What SCC/MCCCD account number will this be deposited into? _____

If food is being served, we will work with Chartwell's to see if collaborative resources or services can be provided and to alert them of our event. Initial here: _____

MATCHING FUNDS See annual deadline. Is your group requesting Matching Funds? YES NO

CHARITY EVENT If your group is conducting a fundraiser, the following information is needed:

Date of Event: _____ Time: _____ Place: _____

Event: _____ Purpose of Event: _____

NOTE: All checks must be made payable to Scottsdale Community College (SCC). Your club/organization will deposit these into your college account, And SCC will cut a check in the amount you request to your group's stated charitable organization on your group's behalf.

REQUIRED SIGNATURES:

Club/Organization President: _____ Date: _____

Club/Organization Advisor: _____ Date: _____

Director Center for Civic & Global Engagement: _____ Date: _____

Dean of Students: _____ Date: _____

Student Business Services: _____ Date: _____

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