UNC Asheville Sport Clubs
Fundraiser Registration Form

Club: ___________________________ Date: ______________

Name of Fundraiser: _______________________________________________________

Fundraiser Contact: ______________________ Phone #: _______________________

Proposed start date: _______________ End Date: _______________

Location of Event: _________________________________________________________

Event Description: _________________________________________________________

Fundraiser Results: To be completed WITHIN 5 BUSINESS DAYS AFTER the conclusion of the event.

Actual date of event: _______________ Location: _______________

Number of members participating: ________________________________

Funds raised (REQUIRED):
- Total amount to be deposited into acct: $ _______________________
- Cost to initiate fundraiser: $ _______________________
- Net amount raised from fundraiser: $ _______________________

Comments on success of fundraiser: _______________________________________

Was there anything that would change: _______________________________________

Office Use Only
Date turned in: _________ Approved: _________

Office Use Only
Date turned in: _________ ACP Awarded: _________