Return this **COMPLETED** form to the office of Student Activities and Advocacy, studentactivities@marin.edu

ALL FUNDRAISING ACTIVITIES MUST BE APPROVED BY THE OFFICE OF STUDENT ACTIVITIES AND ADVOCACY BEFORE THEY BEGIN.
You MUST complete an Activities Form for ALL fundraising activities.

Date Submit: _____ Organization/Club Name: _____

Activity (be specific):_____

Activity Date: _____ Location of activity: _____

- It is recommended that any food items intended for sale be purchased from or prepared by a traditional market/retailer.
- **Acknowledge review of Food Handling Guideline handout: Initials _____ Initials _____**
- Gloves **MUST** be used to serve any food items.
- If your event did not raise any funds, please enter "**zero**" below.
- For reoccurring events/activities a Club Fundraising form **MUST** be submitted to the Student Activities and Advocacy Office, **studentactivities@marin.edu,** for **EACH** activity date.

PROJECTED INCOME: *Complete this section **BEFORE** your event.*

1) Total cost of purchased supplies/items: $_____
2) Number of items **expected** to be sold: _____
3) Cost of items being sold: $_____
4) **Estimated** potential income: $_____

ACTUAL INCOME: This section **MUST** be completed and this form returned **AFTER** your event.

Fill in the following information during the fundraiser: *example Number of items sold: 10 @ $1.50 =$15.00*

Number of items sold: _____ @ $_____ = $_____
Number of items sold: _____ @ $_____ = $_____

Calculate the difference between the estimated potential income (#4 from above) and the actual funds collected from the fundraising event:

Total funds collected $_____ Estimated Potential Income $_____ = Difference $_____

ALL FUNDS RAISED AND COLLECTED MUST BE COUNTED & SIGNED OFF BELOW BY TWO CLUB OFFICERS IMMEDIATELY AFTER THE EVENT. IN PERSON DEPOSITS CAN BE MADE BY ARRANGEMENT WITH MALAIKA SMITH ON THURSDAY'S BETWEEN 10:00 AM AND 3:00 PM. PLEASE EMAIL msmith5304@marin.edu

Actual TOTAL amount received: $_____ Signature:_____ Signature:_____

BAG NUMBER/DEPOSIT REFERENCE #: _____ Date:_____