Fundraising Registration Form  
University of Wisconsin - La Crosse  
University Centers

Name of Sponsoring Organization ________________________________ 

Name of Event (if applicable) ___________________________________________________________________________________________

Type of Group: ____ Recognized Student Organization ____ University Dept. ____ Other (list) ________________________

Name ___________________________ E-Mail _________________________________

Position in Organization ___________________________ Phone ________________________________

Adviser Name ___________________________

Type of Fundraiser:

_____ Food (Bake sales) __________________________________________

_____ Non-Food (T-shirts, crafts, other events) ______________________

*Printing projects (ex: t-shirts/calendars): Must complete and submit an Artwork Approval Form AND provide a digital copy of final design

*Use of UW-La Crosse trademark or logo requires university authorization and can only be printed by a licensed vendor

_____ Raffle (must see Foundation Office for license) ______________________

Event/Project Description: _______________________________________________________________________________________________

__________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________

Method of Selling: _____ Individuals _____ Booth _____ Tables _____ Room _____ Other: __________________________

Date(s) of Event Fundraising (Max of 3 consecutive days in a given week) Time(s) Location(s)

__________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________

Cash Box Needs: _____ No _____ Yes-Must complete and submit the Cash Box Request Form to University Centers ONE week prior to event

Community/Business Sponsorship/Solicitation: _____ No _____ Yes Must contact Foundation Office, 105 Cleary Center, 785-8037

*If organization is soliciting donations of any kind, be prepared to provide a list of businesses being solicited, what is being requested, as well as a copy of the solicitation letter or dialogue used when contacting businesses.

Other areas to Contact: ________________________________________________________________________________________________

University Centers ___________________________ Date ____________ Reservations Office ________________ Date ____________

Registration must be submitted no later than ONE week prior to the event and prior to advertising for or initiation of the project.