

Submit Completed Application to: SWOSU Foundation, Burton House, 100 Campus Drive, Weatherford OK 73096 Phone: 580-774-3267

FUNDRAISING ACTIVITY APPLICATION

Which Foundation Fund(s) will this fundraising activity benefit?

Foundation Fund Number(s):

For questions about the Foundation Fund Number please call Burton House, 580-774-3267 for assistance

Please describe the fundraising activity (how will the funds be raised, who is being asked to contribute, who will be carrying out the activity, where will the activity occur, etc.):

Three horizontal lines for describing the fundraising activity.

Contact Person - Name, Phone Number, & E-Mail Address:

Horizontal line for contact information.

Will this activity require SWOSU resources? Yes No (Please circle)

If "Yes" please list those resources below:

SWOSU Personnel: SWOSU Facilities:

SWOSU Equipment, Supplies, Services, etc.

Will any external source(s) be donating resources to this activity? Yes No (Please circle)

If "Yes" please list the donor & resources out below:

Three horizontal lines for listing external donors and resources.

Will this activity include an actual event separate from a SWOSU event? Yes No (Please circle)

If "Yes" please complete a Foundation Event Hosting Application (attached)

PLEASE HAVE SIGNED IN ORDER:

"By affixing my signature below I affirm that I have authority to grant permission of usage of the location specified in this document for the purposes specified in this document. I also agree to indemnify the SWOSU Foundation, Inc. for any liability, expenses, or damages incurred as a result of the SWOSU Foundation, Inc.'s involvement with the activity specified in this document."

SIGNATURE OF AUTHORIZED VENUE COORDINATOR:

DATE: / /

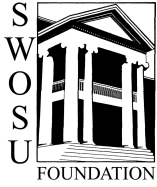
"By affixing my signature below I affirm that I accept responsibility for conducting & reporting on the activity requested in this application. I understand that I am responsible for ensuring compliance with the laws & ordinances established by the City of Weatherford, the County of Custer, the State of Oklahoma, & the United States of America & with the rules & guidelines communicated to me by the SWOSU Foundation, Inc. Additionally, I agree to indemnify the SWOSU Foundation, Inc. for any liability, expenses, or damages incurred as a result of the SWOSU Foundation, Inc.'s approval of this activity."

SIGNATURE OF BENEFITTING FOUNDATION FUND SIGNATORY:

DATE: / /

APPROVAL OF FOUNDATION EXECUTIVE DIRECTOR:

DATE: / /



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EVENT HOSTING APPLICATION

- PLEASE READ BEFORE COMPLETING -

This application should be completed ONLY if a SWOSU Foundation Fundraising Activity Application has already been completed & ONLY if the Activity includes an actual event separate from a SWOSU event.

Please DO NOT submit this application for processing separate from a completed SWOSU Foundation Fundraising Activity Application.

EVENT DATE: ___/___/___ EVENT TIME: ___:___ a.m./p.m.

- Would you like to serve alcohol at this event? Yes No
Will event attendees/participants engage in physical activities? Yes No
Will SWOSU employees volunteer at the event? Yes No
Will non-SWOSU employees volunteer at the event? Yes No

Who is expected/invited to attend/participate in this event? Please check all that apply:

- ___ General Public (Ages 18 & Over) ___ General Public (Under Age 18)
___ SWOSU Employees ___ SWOSU Students ___ SWOSU Alumni & Emeriti

Please describe the event in detail: _____

BENEFITTING FOUNDATION FUND NAME: _____

BENEFITTING FOUNDATION FUND NUMBER: _____

APPROVAL OF FOUNDATION EXECUTIVE DIRECTOR: _____
DATE: ___/___/___