

HGTC STUDENT ORGANIZATION REQUEST FOR DONATION/SPONSOR APPROVAL FORM

Date of Request: _____ Organization/Club: _____

Contact Person: _____ Contact Number: _____

Type of request being made: Donation Sponsor (please circle one)

Business you are requesting donation or sponsorship from:

Type of event donation/sponsor is being requested for:

Will there be a speaker? Yes _____ no _____ Who? _____

Will the media be invited? Yes _____ no _____ Which? _____

Is food involved? Yes _____ no _____ Will it be sold? _____

Day and Date of Event _____

Campus _____ Location on Campus _____

Time of Event _____

Additional Information:

Advisor _____ Date: _____

Coordinator of Student Engagement: _____ Date: _____

VP for Student Affairs _____ Date: _____

VP for Business Affairs _____ Date: _____

College President or Designee: _____ Date: _____

