

# Barton Community College

## Fundraising Activity Approval Form

**Please submit completed form to:**  
Barton Community College Office of Institutional Advancement  
245 NE 30 Road, Great Bend, KS 67530

Date Submitted: \_\_\_\_\_ Beginning and Ending Date of Fundraiser: \_\_\_\_\_

Name of Organization or Department: \_\_\_\_\_

Name of Person Requesting Approval: \_\_\_\_\_

Description of Fundraising Plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Suggested Plan for Raising Money: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anticipated Income (gross and net income will be requested by the Foundation Office): \_\_\_\_\_

Cost of Fundraiser: \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**REQUIRED SIGNATURE OF DEPARTMENT SUPERVISOR**

\_\_\_\_\_  
**DATE**

(TO BE COMPLETED BY THE FOUNDATION OFFICE)

Action Taken:  Approved  Denied

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature (Foundation Representative)

\_\_\_\_\_  
Date