TUCVM

STUDENT ORGANIZATION FUND RAISING ACTIVITY REQUEST

Please read, understand, and	l fill outf thris n entirely	DATE:	DATE:	
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SECTION I				
\$ Name of OrganizatioB B	BBBBBBBBBBBB	BBBBBBBBBBBBBBBBBB		
% Name of Activity:	Name of Activity:BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB			
& Dateof Activity:	Time:	¶ W L O O		
Signature of Organizatio And visor		Telephon e Number		
SECTION II				
Contact information of Host	of the Activity (Fundrai@mair) :		
Name:		_		
PhoneNumber:		_		
Email:				

FOR OFFICIAL USE