Date Received in Office of Student Life:		Date Approved:
Approved By:		
	RTBURG COLLE AND/OR SOLIC	EGE SITATION APPLICATION
Name of Organization/Group/Department:		
Type of Activity and Purpose:		
Location of Activity:		
Residence Life approval (if applicat	ole):	
Date(s) and Time:		
Proceeds to go to:		
My/our signature(s) indicate(s) that we have r concerning sales and solicitations on the War with the Policy may subject us to College judi are to report to the Director of Campus Progra	tburg campus. In ad cial action. We furthe	dition, it is understood that failure to comply er understand that following the activity, we
Name:	Signature:	
Position in Organization:		Date:
Telephone:	Email:	
Second Contact		
Name:	Signature:	
Position in Organization:		Date:
Position in Organization:		
Telephone:	Email:	
Telephone:Advisor Information	Email: Signature:	

Amount Raised \$_____