



**INDIANA UNIVERSITY
SOUTHEAST**

OFFICE OF UNIVERSITY ADVANCEMENT
Office of Development

IU SOUTHEAST STUDENT FUNDRAISING ACTIVITY REGISTRATION FORM

Date: _____ Student Organization: _____

Name of Person Submitting this Form: _____

Position related to Student Organization: _____

Phone: _____ Email: _____

Date of Proposed Activity: _____ Location: _____

Who will benefit from funds raised by this activity? _____

Describe the Proposed Activity: _____

What is your fundraising goal for this activity (if applicable)? _____

Please return form ____ weeks prior to your proposed event/activity to:

IUS Development Office, US 151
4201 Grant Line Road
New Albany, IN 47150
iusedev@ius.edu

Contact the Development Office with any questions at (812) 941-2464 or iusedev@ius.edu.