

MEMORANDUM FOR 7 FSS

SUBJECT: _____ Application to Conduct a Fundraising Activity
Your Organization's Name

1. Give a detailed description of your proposed fundraiser, including date(s)/time(s), location(s), expected number of participants, etc:

2. How will the event be advertised? (i.e. how will people be notified that you are having a fundraiser?)

3. If any tickets or entry fees will be sold prior to the event, or if any pledges or solicitations will be sought prior to the event, identify the location(s) and method(s) used for each:

4. How will funds raised be used? (i.e. charity, club's benefit, etc.)

5. Please attach endorsement of the Safety Office and the Health Office (if required).

6. Will you solicit on-base? Y N

7. Is any food being sold, served or given away? Y N

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| 8. Are any products being sold, used or given away? | Y | N |
| 9. Will any admission and/or entry fees be collected? | Y | N |
| 10. Do you plan to invite anyone without a military ID card onto the installation? | Y | N |
| 11. Will any USAF military members or civilian employees be engaged in fund-raising or soliciting support for the fundraiser while they are "on-duty" or in uniform? | Y | N |
| 12. Will there be any media coverage of this fundraiser? | Y | N |
| 13. Have you attached a current, up-to-date insurance policy with this application? | Y | N |
| 14. Have you coordinated with the Safety Office and received their endorsement? | Y | N |
| 15. Are any prepared foods being served?
(i.e. foods served fresh or hot) | Y | N |
| 16. Have you obtained the endorsement and phone number of the person/place where the proposed activity will occur? | Y | N |
| 17. I have read, understand and will ensure all organization members comply with AFI 34-223 and AFI 36-3101. | Y | N |

Requester's Information:

Signature: _____

Printed Name: _____

Duty Phone: _____

Home Phone: _____

Please include list of current officers and most recent financial and meeting minutes

ENDORSEMENTS AND SIGNATURE PAGE

Safety Office Endorsement:

Signature: _____

Health Office Endorsement (if required):

Signature: _____

I understand that I am solely responsible for complying with all relevant AFIs and that non-compliance could result in the dissolution of my private organization or unofficial activity or possibly even disciplinary action. If I am unsure or do not understand any relevant AFI, then it is my responsibility to bring the matter to the attention of the Legal Offices.

Name: _____ Date: _____

Office Held in Organization: _____