

PROPOSED FUNDRAISING PLAN

**University of Manitoba – Recreation Services
Rec Clubs**

(Club Name)

(Year)

Event Date(s)/Time Location Additional Details *(Who's involved, who's attending, etc.)*

***Please note – If all details are not yet known, the Club must submit details to Recreation Services 4 weeks prior to the event for approval.**

President Signature: _____ **Date:** _____

