

## 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:** \_\_\_\_\_

