

**FUND RAISING REQUEST FORM**

**Complete this form and provide the original with all necessary documents at least 2-3 weeks prior to the event. The fundraising effort may not begin until you have written approval from the 60<sup>th</sup> Services, Commander. For questions, please contact the Private Organization Coordinator at 424-2633.**

DATE: \_\_\_\_\_

TO: 60 SVS/SVFR (Missy Murphy) 424-2633 FAX 424-5972

BOOSTER CLUB NAME: \_\_\_\_\_

EVENT TITLE: \_\_\_\_\_ EVENT COORDINATOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

LOCATION: \_\_\_\_\_ PURPOSE: \_\_\_\_\_

**COORDINATION MUST BE COMPLETED PRIOR TO TURN IN TO 60<sup>th</sup> Services Squadron. FOOD/BEVERAGES MUST BE PROCURED FROM AN APPROVED SOURCE BY MILITARY PUBLIC HEALTH. Located at David Grant, 2<sup>nd</sup> floor across from the ER Phone:423-5464.**

PUBLIC HEALTH \_\_\_\_\_ FACILITY MANAGER \_\_\_\_\_  
FIRE DEPT \_\_\_\_\_ BASE EXCHANGE \_\_\_\_\_  
COMMISSARY MGR \_\_\_\_\_

I certify that \_\_\_\_\_ is in compliance with AFI 34-223 and that I have approved this fund-raising event for this organization.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
President/Chairperson

FILES UP TO DATE: ( )

\_\_\_\_\_ of 2 FUNDRAISERS \_\_\_\_\_ QUARTER

\_\_\_\_\_  
Private Organization Coordinator  
60 SVS/SVFR

\_\_\_\_\_  
Representative  
Private Organization/Unofficial Organization

Approve / Disapprove

Approve / Disapprove

\_\_\_\_\_  
REBECCA L. GOODWIN, RMFC  
60 SVS/SVF

\_\_\_\_\_  
OSCAR R. VAUGHN, Lt Col, USAF  
60 SVS/CC