



Club Sports Funding Request Form



For 2009-2010 Academic Year

You may fill out this form for an entire fall or spring season of events.
Failure to complete any part of this application will result in an automatic denial of funds.

Season (check one) Fall ___ Spring ___ Number of Events During the Season: _____

Event Date(s): _____ Locations: _____

Number of students traveling: _____ Means of transportation: _____

Where will you be staying? _____ Number of nights: _____

Please attach your typed responses to the following questions on a separate sheet of paper:

- Please describe each event in detail
- Please describe the nature of each expense requested.
**NOTE: If you are requesting money for coaching fees, please include a copy of the coach's contract, including a W-9 form.
- How do these events benefit students on campus?
- How do you plan to promote your event(s) this season?
- Please list other expenses and fundraising revenues your organization expects to generate this season?
- Please attach a complete season schedule, including regular season and tournaments.
- For off-campus events only:** What is the personal financial contribution you expect each participant to make? How did you determine the number of students traveling? What is the nature and purpose of this particular event?

Funding the Season: (failure to complete the following section will result in an automatic denial of funds)

Description of Expenses for Event	A. Organization's Contribution	B. Expected Financial MUSG Contribution	C. Total Costs (Columns A+B)
Coaching Fees	\$	\$	\$
Referee Fees	\$	\$	\$
Off-Campus Auto/Airfare	\$	\$	\$
Off-Campus Lodging	\$	\$	\$
Conference or Registration Fees	\$	\$	\$
Other (specify)	\$	\$	\$
Total Event Costs	\$	\$ *	\$ §

* These cells must match

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Sources of Funding for Event	Amount of Money	Source of Money
Member Dues/Member Contributions	\$	
Campus Organizations/ <u>REC SPORTS</u>	\$	
Other	\$	
Amount Requested from MUSG	\$ *	MUSG
Total Amount of Funding	\$ §	

If additional space is needed, please attach an additional sheet explaining funding needed and the sources of funding. Please do not hesitate to contact the MUSG Finance Office for assistance.

PLEASE TURN OVER TO COMPLETE REQUEST FORM

Allocation Periods and Deadlines:

Please indicate the allocation period for which you are applying. Applications are due in the MUSG office (AMU 133) by 5:00 p.m. on the application deadline. Failure to submit your application by the deadline will result in a denial of funding.

Fall Season Allocation Deadline

Friday, April 24, 2009

For events occurring between 8/25/2009 and 12/11/2009

Spring Season Allocation Deadline

Friday, Nov. 20, 2009

For events occurring between 1/18/2010 and 5/15/2010

Club Sport Organization Information:

Organization Name: _____

Contact Name: _____ Organization Advisor: _____

Contact Position: _____ Phone #: _____ E-mail: _____@marquette.edu

Annual Number of Members: _____ Annual Dues Per Member: \$ _____ Current Account Balance: \$ _____

What MUSG Can Fund:

- Transportation and lodging for team and coach
- Field, facility, and referee fees
- Contracts for non-playing, salaried coaches
- League entry, tournament, and conference fees
- Advertising and publicity for events
- First aid supplies

What MUSG Cannot Fund:

- Capital goods (i.e. player or team equipment)
- Fundraisers or team recruitment events
- Any event that charges admission fees
- Non-current expenses (i.e. expenses incurred outside of the current funding period)

Important Rules to Remember:

- All events must be registered and approved by the Office of Student Development (AMU 121) prior to event date and prior to submitting a Reimbursement Request Form
- A Reimbursement Request Form along with all receipts for reimbursement must be submitted to the MUSG Finance Office **no later than thirty (30) days** after the date of the event
- All publicity must state "Supported by the MUSG Student Activity Fee"
- A copy of publicity must be attached when submitting a Reimbursement Request Form
- All events must be open to the entire membership of Marquette University

Please do not hesitate to contact the MUSG Finance Office (AMU 133) for assistance with this form.

I have read and understand the terms and conditions for requesting funding and for requesting reimbursement by MUSG for expenses. I agree to abide by these rules and understand that non-compliance will result in a denial of funds.

Signature: _____ **Date:** _____