

STUDENT EVENT INFORMATION FORM

All requests must be completed and turned in by the GPSAFC budget deadlines for the following months or the following day after receiving CLSA allocation approval.

NAME _____ POSITION _____

E-MAIL _____ CELL PH: _____

STUDENT GROUP (spell out) _____

DATE OF ACTIVITY _____ TIME OF ACTIVITY _____ LOCATION _____

EXP. ATTENDANCE _____ TIME FOR DELIVERY OF FOOD (if applicable) _____

EVENT Title: _____

GPSAFC Budget Period Dates (if applicable) _____

If previous funding source for similar event came from another Law School Department, identify department, expenses and amounts:

Notes: _____

PROPOSED TOTAL EXPENSES: _____

If co-sponsoring include all std orgs (including your own) and respective amounts/funding source in break down below.

Expense	Amount	Funding Source & Name of Co-Sponsoring student org—if applicable
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STUDENT ORGANIZATION OFFICERS:

President _____ Net ID _____ Signature _____

Treasurer _____ Net ID _____ Signature _____

Advisor _____ Net ID _____ (no need for signature—just need name)

Date _____