Completed forms must be submitted to SGA via email no later than one week prior to your event.

Student Group(s): ________________  Student Group Adviser(s): ________________

Event Date: __________  Student Event Coordinator Email: ________________

Event Description and Goal (2-3 Sentences). Please be sure to outline how you will encourage participation from all three schools:

Item | Vendor | Amount
---|---|---

Total Requested: __________  Total Granted: __________

How many students are expected to participate in this event? _____

Invitees will include (check all that apply):

___ Student Group Members  ___ SOM Students  ___ GSN Students
___ GSBS Students  ___ Faculty  ___ Other

Are you receiving external funding for this event? ________________

If yes, from which organization(s)? ______________________________

Name of student responsible for use of Credit Card: ________________

Approval: ____________________________________________  ____________________________________________

SGA Treasurer  SGA Co-Chair

____________________________  ______________________________

SGA, Co-Chair  SGA Faculty Adviser

Date: ________________