

FORM 3.3

PROPOSAL FOR ORGANIZATIONAL ACTIVITY

aavisor:	Phone:	Email:	
President:	Phone:	Email:	
Activity Name: _			
Price of Admissio	n (if applicable):		
Activity Date and	Time:		
	on:ents: rooms must be reserved by the Advisor		is approved)
Who is invited to	this event?		
Has your organizat	ion filled out the event description page?	Υ	N
Has the speaker in	formation page been completed? N/A	Υ	N
Does the event ca	arry out the mission of the organizatio	n? Y	N
All speakers or en and the Vice Presi to sign University financial obligatio	tertainment must be approved by the Dident for Student Affairs. Only authorize contracts. Each organization is responsible when bringing speakers or entertainn	ed administrators a ble for funds to m nent to the campu	are allowed eet the us. The
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FORM 3.3.1 EVENT DESCRIPTION PAGE

Name of Organization:	
Proposed Event Name:	
Proposed Date(s):	Proposed Time(s):
Proposed Location:	
Estimated Cost:	Requesting SGA Funding? Y N
Purpose:	
Decorations:	
Activities:	
Food/Drinks:	
Plan:	



FORM 3.3.2 SPEAKER DESCRIPTION PAGE

Name of Organization:	
Proposed Event Name:	
Speaker Name:	
Speaker Title/Position:	
Where is the Speaker from? (City, State):	
Church Affiliation:	

**In addition, please attach a 250 word summary/bio of the speaker typed on a separate sheet of paper.