



# Associated Students, Inc.

## Funding Request Form

### 2017-18

"...For the Students, by the Students!"

- Necessary Documents:
- Event Flyer w/ A.S.I. Logo
  - CSI Event Reg. Form
  - Estimates / Food Permits
  - Event Estimates / Invoices

#### Contact

Officer Name:  
Officer Title:  
Address:  
City/State/Zip:  
Phone & Email:  
Officer Signature:

#### Organization

Club/Organization: Forensics Speech & Debate  
Event Title: Frolic at Ohio State University  
Date(s) of Event: 12/2/12 Semester: Select One.. FALL  
Location of Event: Ohio State University  
Expected Total Attendance: 300  
Expected Attendance of Cal State LA Students: 5

#### and Total Cost Breakdown

Briefly describe the event:

Students will be accompanied by an advisor to attend a speech and debate competition. The event will last from morning to late evening on both Saturday and Sunday.

Is the event open to all Cal State LA students?: Select One... YES

How will this program enhance the Cal State LA experience?:

This experience allows students to travel with a competitive team, represent the school, and polish public speaking skills. The students will have a chance to qualify their speeches to a national tournament.

#### Hospitality

Description	Amount

#### Honoraria/Contracts

Description	Amount

#### Marketing

Description	Amount
	\$0.00

#### Other

Description	Amount
Flights	\$2,925.00
Hotel	\$1,392.00

#### Event Summary

Total Cost of Event: \$4,317.00  
Amount Requested from A.S.I.: \$3,000.00  
Amount from other sources: \$1,317.00

What other resources are you employing for this event?

Our team has a small budget awarded to us every year but it is primarily spent on the national tournament at the end of the Spring semester. From this budget, we will also need to cover registration for the competition, as well as meals for the Cal State LA students who are attending.

#### For Office Use Only • Do Not Write Below

##### Important:

- (1) *All Funding Request Forms must be turned in by 12 PM Friday, the week before the Funding Sub-Committee Meetings.*
- (2) *Additionally, funding request forms must be turned in no less than 10 business days (2 weeks) prior to the event.*
- (3) *Deadline for Request for Payment or Purchase Order (RPP) is 15 days after the event.*

All forms must have a Time Stamp and

staff initial:

'17 NOV 13 10:21:15

# STUDENT ORGANIZATION EVENT REGISTRATION FORM

COMPLETED



This form must be completed 10 business days prior to the event date. Reservations for on campus events will not be confirmed unless this form has been completed. No publicity may be distributed or posted online until this form has been submitted for off campus events or until the reservation confirmation process has been completed for on campus events. **Signatures must be completed in blue or black ink.**

NAME OF ORGANIZATION: Cal State LA Forensics Speech & Debate

PHONE:

EVENT CONTACT NAME: Jackson Spencer *Alyssa*

EMAIL: *ajspence5@calstatela.edu*

NAME OF EVENT: Frolic at OSU

LOCATION: Ohio State University *calstatela.edu*

EVENT DATE: 12/2-12/3

BEGIN TIME: 7:00am

END TIME: 7:00pm

ESTIMATED ATTENDANCE: ~~2000~~ 4

TYPE OF ACTIVITY (THE UNIVERSITY'S GENERAL RELEASE WILL BE REQUIRED FOR CERTAIN EVENTS.)

- BENEFITS TO PROCEED   
  EDUCATIONAL PROGRAM   
  SPIRITUAL PROGRAM   
  RECREATIONAL PROGRAM  
 DANCE/PARTY   
  SOCIAL PROGRAM   
  COMMUNITY SERVICE   
  CONFERENCE/CONVENTION  
 OTHER: Speech & Debate Tournament/Competition

WILL YOUR EVENT INCLUDE ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)

- SPORTS ACTIVITY OR COMPETITION   
  FOREST/PARK CLEAN-UP   
  INTERNATIONAL TRAVEL  
 BEACH CLEAN-UP   
  INDOOR/OUTDOOR COOKING   
  DOMESTIC TRAVEL  
 BEACH BONFIRE

PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):

This is a speech and debate tournament that our students will attend against several other universities. The students will prepare and present 10 minute speeches, or compete in other categories of public speaking, and be ranked at an award ceremony. The event is at Ohio State University, and thus, will require both flights and lodging for the students.

WHO IS INVITED (CHECK ALL THAT APPLY):

- STUDENT ORG. MEMBERS   
  CAL STATE LA COMMUNITY   
  OTHER COLLEGES & UNIV.   
  GENERAL PUBLIC   
  GUEST LIST

Events intended for the general Cal State LA campus will be listed in the Student Organization Calendar of Events distributed in a bi-weekly email by the Center for Student Involvement.  NO, I DO NOT WISH FOR MY EVENT TO BE POSTED.

WILL THE EVENT HAVE AN ADMISSION CHARGE, REGISTRATION, PARTICIPATION FEE, OR RAISE ANY PROCEEDS TO BENEFIT THE ORGANIZATION? (If yes, please complete statement regarding proceeds to benefit transactions on the back of this form)  NO  YES

WILL A MOVIE BE SHOWN?  NO  YES (If yes, please attach written proof of viewing rights.)

WILL THE EVENT HAVE SECURITY?  NO  YES If yes, please explain

WILL FOOD BE SERVED AT THE EVENT?  NO  YES

IF YES, WHO WILL PROVIDE THE FOOD?  UNIVERSITY CATERING  OTHER:

A completed food permit is required for all on-campus events with food unless the food is provided by University Catering.

WILL ALCOHOL BE PRESENT AT THE EVENT?  NO  YES. Please attach a completed request to serve alcoholic beverages. (This form may take up to two weeks for review and possible approval.)

WILL THE EVENT BE HELD IN A RESTAURANT/VENUE WHERE ALCOHOL IS AVAILABLE?  NO  YES Initials

If so, please affirm organization members and guests will not consume alcohol.

PLEASE LIST 2 TIPS TRAINED MEMBERS ON PAGE 2.

WILL OFF-CAMPUS MEDIA BE NOTIFIED ABOUT THE EVENT (NEWSPAPER, TV, RADIO, ETC.)?  NO  YES, PLEASE PROVIDE WHO WILL BE INVITED ON PAGE 2.

DOES THE STUDENT ORGANIZATION WANT TO PURCHASE SPECIAL EVENT INSURANCE FOR THIS EVENT?  NO  YES

Please be aware that student organization events are not covered for liability or other insurance by California State University, Los Angeles or the University-Student Union. Student organization officers or the advisor may be held personally liable. If the student organization would like to purchase Special Event Insurance for a particular event, please contact CSI.

# STATEMENT REGARDING PROCEEDS TO BENEFIT TRANSACTIONS

As officers of this recognized student organization at Cal State LA, we affirm that all proceeds raised or assets assigned will be used solely for the benefit of the organization as a whole. Further, it is affirmed that no proceeds or assets of this organizations will accrue to the benefit of any officer, member, or any private person. We also affirm that all proceeds transactions for this event will comply with all University policies and procedures including but not limited to ICSUAM Policy 3141.01 and the Cal State LA Student Organization Funds Administration Policy.

**Describe the admission charge, registration, participation fee, or any proceeds that will be raised to benefit the organization. Please include how much the organization will be charging for any of these proceeds.**

PRESIDENT: PARSHAD FREEMAN SIGNATURE: [Signature] DATE: 10/25/17  
 TREASURER: ANSSA Paglinawan SIGNATURE: [Signature] DATE: 10/25/17

## EVENT GUIDELINES

The following guidelines are provided for the benefit of the student organization. They are intended to be followed completely. Failure to comply with any of the following guidelines may result in disciplinary action taken against the organization including suspension of recognition, events and use of facilities. More information can be found online in the Student Organization Handbook.

**CONDUCT:** The organization assumes full responsibility for the conduct of participants at the event. Any violation of University policy may subject the participants and/or the organization to disciplinary action by the Center for Student Involvement or Student Conduct.

**ALCOHOL:** In accordance with Administrative Procedure 019 - Alcoholic Beverages, any event (on or off campus) that involves the consumption of alcoholic beverages requires authorization from the University. Your organization must complete and submit a Request to Serve Alcoholic Beverages form in addition to this Event Registration Form. Please allow at least 3 weeks for this form to be reviewed by the University. Approved alcohol consumption events and events held where alcohol is available (but will not be consumed) require at least two TIPS certified members to be in attendance of the entire event. Additional guidelines may be enforced.

**PUBLICITY:** All publicity material must have the name of the sponsoring group and the following statement: "The actions and opinions of this organization do not necessarily reflect those of the students, staff, faculty, or administration of Cal State LA."

**GENERAL RELEASE:** If your event will require the use of general release waivers prior to organization member and guest participation, your organization is required to comply with all instructions provided by CSI, including submitting all completed forms and requested documents.

MY SIGNATURE BELOW INDICATES THAT I WILL TAKE RESPONSIBILITY TO ENSURE THAT THE EVENT WHICH MY ORGANIZATION IS SPONSORING WILL FOLLOW ALL GUIDELINES SET FORTH BY THE UNIVERSITY. I ACKNOWLEDGE THAT THIS EVENT AND ANY ASSOCIATED EVENT SPACE RESERVATIONS MAY BE SUBJECT TO CANCELLATION BASED ON MY ORGANIZATION'S RECOGNITION STATUS.

STUDENT ORG. OFFICER'S NAME: ANSSA Paglinawan SIGNATURE (PLEASE USE BLUE OR BLACK INK ONLY): [Signature] DATE: 10/25/17  
 ADVISOR'S NAME: JACK SPENCER SIGNATURE: [Signature] DATE: 10/18/17

## ACKNOWLEDGMENT - FOR OFFICE USE ONLY

CENTER FOR STUDENT INVOLVEMENT (U-SU 204) SIGNATURE: [Signature] DATE: 11/15/17  
 CSI VERIFIES THE ORG. IS RECOGNIZED BY THE UNIVERSITY  
 ASSISTANT DEAN OF STUDENTS: WELLNESS & ENGAGEMENT  
 GENERAL RELEASE REQUIRED FOR ALL PARTICIPANTS?  NO  YES DATE REQUIRED: \_\_\_\_\_  
 NOTIFICATIONS:  
 PUBLIC AFFAIRS DATE: \_\_\_\_\_  ATHLETICS DATE: \_\_\_\_\_  
 DEPT. OF PUBLIC SAFETY DATE: \_\_\_\_\_  FACILITIES USE COORDINATOR DATE: \_\_\_\_\_

NOTES OR UPDATES:

California State University, Los Angeles

Field Trip Emergency Information Guidelines Form

The following guidelines are for the collection and retention of emergency information related to a University sponsored field trip. This information shall be retained by the Field Trip Supervisor in-charge of the travel. Additionally, an extra copy shall accompany another State employee and/or University registered volunteer in the event the primary person becomes incapacitated.

The Emergency Information shall contain one or more of the following elements (those indicated by a "\*" are required - PLEASE PRINT):

- \*University Field Trip Supervisor: Jackson Spencer  
NAME
  
- \*Travel participant's name, home address and phone contact number.  
Justyne Gutierrez 1705 S. Palm, Alhambra 626 235 1045  
NAME HOME ADDRESS PHONE NUMBER
  
- \*Travel participant's emergency contact name and phone number and relationship of this contact to travel participant.  
Veronica Vera (323) 558-8182 Mother  
NAME PHONE NUMBER RELATIONSHIP
  
- Travel participant's parent and/or legal guardian's name and phone number (if different from above).  
NAME PHONE NUMBER
  
- Any special medical condition and/or medication that the travel participant might require special assistance with in the event they become incapacitated (disclosure is voluntary). Please list: NA
  
- Identification of physical limitations that the travel participant might have (disclosure is voluntary). NA
  
- Name and contact information of travel participant's personal physician.  
Facey Medical 626 943 3200  
NAME PHONE NUMBER

*All information shall be maintained as confidential and only released when deemed appropriate based on the circumstances of the disclosure.*

The aforementioned elements are intended to be a guide to Field Trip Supervisors and there may be the need to gather additional information beyond those elements shown above.

California State University, Los Angeles

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The Emergency Information shall contain one or more of the following elements (those indicated by a "\*" are required – PLEASE PRINT):

- \*University Field Trip Supervisor: JACKSON SPENCER  
NAME
  
- \*Travel participant's name, home address and phone contact number.  
PATDOW ATRIDGE 5425 DEBB ST, L.A. CA 90032 480-203-1696  
NAME HOME ADDRESS PHONE NUMBER
  
- \*Travel participant's emergency contact name and phone number and relationship of this contact to travel participant.  
Newell I. ATRIDGE III 480-755-1357 FATHER  
NAME PHONE NUMBER RELATIONSHIP
  
- Travel participant's parent and/or legal guardian's name and phone number (if different from above).  
NAME PHONE NUMBER
  
- Any special medical condition and/or medication that the travel participant might require special assistance with in the event they become incapacitated (disclosure is voluntary). Please list: N/A
  
- Identification of physical limitations that the travel participant might have (disclosure is voluntary).  
N/A
  
- Name and contact information of travel participant's personal physician.  
N/A N/A  
NAME PHONE NUMBER

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The Emergency Information shall contain one or more of the following elements (those indicated by a "\*" are required - PLEASE PRINT):

- \*University Field Trip Supervisor: Jackson Spencer  
NAME
  
- \*Travel participant's name, home address and phone contact number.  
Nia Johnson      1995 Barnett Way      (510) 479-2099  
NAME      HOME ADDRESS      PHONE NUMBER
  
- \*Travel participant's emergency contact name and phone number and relationship of this contact to travel participant.  
Mario Davis      (510) 418-1906      Step Father  
NAME      PHONE NUMBER      RELATIONSHIP
  
- Travel participant's parent and/or legal guardian's name and phone number (if different from above). Mario Davis      (510) 418-1906  
NAME      PHONE NUMBER
  
- Any special medical condition and/or medication that the travel participant might require special assistance with in the event they become incapacitated (disclosure is voluntary). Please list: N/A
  
- Identification of physical limitations that the travel participant might have (disclosure is voluntary). N/A
  
- Name and contact information of travel participant's personal physician.  
Marielena Acosta      (866) 454-8855  
NAME      PHONE NUMBER

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- \*Travel participant's name, home address and phone contact number.  
PANTON ATRIDGE 5425 DEEB ST, L.A. CA 90032 480-203-1696  
NAME HOME ADDRESS PHONE NUMBER
  
- \*Travel participant's emergency contact name and phone number and relationship of this contact to travel participant.  
NORWALD LAWATRIDGE III 480-755-1357 FATHER  
NAME PHONE NUMBER RELATIONSHIP
  
- Travel participant's parent and/or legal guardian's name and phone number (if different from above). \_\_\_\_\_  
NAME PHONE NUMBER
  
- Any special medical condition and/or medication that the travel participant might require special assistance with in the event they become incapacitated (disclosure is voluntary). Please list: N/A  
\_\_\_\_\_
  
- Identification of physical limitations that the travel participant might have (disclosure is voluntary). N/A  
\_\_\_\_\_
  
- Name and contact information of travel participant's personal physician.  
N/A N/A  
NAME PHONE NUMBER

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Where: Ohio State University

When: 12/1/2017-12/2/2017

Who: You!

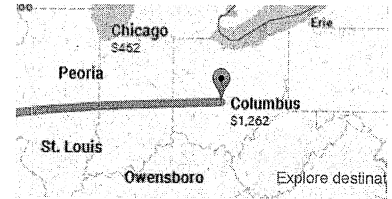
If you are interested in competing with the Cal State L.A. Forensics, Speech and Debate contact the Director of Forensics, Holland Smith at [hsmith11@calstatela.edu](mailto:hsmith11@calstatela.edu)



flights

Flights

Round trip	One way	Multi-city	Economy	5 adults
LAX Los Angeles		CMH Columbus		
Thu, November 30		Mon, December 4		



Outbound flight

Thu, Nov 30	<b>1:15 PM – 8:44 PM</b> Los Angeles (LAX) – Detroit (DTW) Delta 1876 · Economy Class · Boeing 737 Average legroom (30")	4h 29m Wi-Fi In-seat & USB power On-demand video
	Layover in Detroit DTW	1h 11m
	<b>9:55 PM – 11:04 PM</b> Detroit (DTW) – Columbus (CMH) Delta 6005 · Economy Class · Embraer RJ-170 Operated by Republic Airline Delta Connection Average legroom (31")	1h 09m Wi-Fi Stream to your device No in-seat power

Return flight

Mon, Dec 4	<b>6:00 AM – 8:10 AM</b> Columbus (CMH) – Los Angeles (LAX) Delta 1327 · Economy Class · Boeing 737 Average legroom (31")	5h 10m Wi-Fi In-seat & USB power On-demand video
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Book, track or share this flight

Total incl taxes & fees for 5 adults · [Additional bag fees](#) may apply.

Ads

Book with Delta

Track price

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You'll collect 8 nights with this stay

Remember, collect 10 nights, get 1 free!

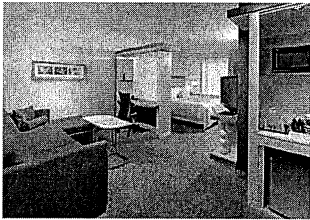
**SpringHill Suites Columbus OSU, Columbus**

Thu 30 November - Mon 4 December 2017, 4 nights, 2 rooms, 6 adults

> Change search

**Book now to get this fantastic rate.**

If you book later, there's a chance the price will go up or the hotel will be sold out on our site.



5

**Studio, 1 King Bed with Sofa bed**

Sleeps 4 people (including up to 3 children)

> Show room information

**Non-refundable**

- Free Wi-Fi
- Breakfast for 6
- Collect and Redeem

**\$156**

nightly price per room

Let's Book

It only takes two minutes!

**Free cancellation**

Until 11/29/17

- Free Wi-Fi
- Breakfast for 6
- Collect and Redeem

174 x 2 rooms  
x 4 nights

1,392.<sup>00</sup>

Let's Book

✓ pay now or at hotel

It only takes two minutes!

**At a glance**

← Thu 30 November - Mon 4 December 2017, 4 nights, 2 rooms, 6 adults

> Change search

Destination, hotel, landmark, or address

SpringHill Suites Columbus OSU, Columbus, Ohio, United States of America



Check in

11/30/17  
Thursday

Check out

12/04/17  
Monday  
4 Nights

Rooms

2

Adults

Children

Room 1:

3

Aged 18+

0

0-17

Room 2:

3

Aged 18+

0

0-17

Search

SpringHill Suites Columbus OSU, Columbus 3-star

1421 Olentangy River Rd, Columbus, OH, 43212, United States of America, 800-491-6126

3-star hotel with indoor pool, near Ohio State University

♥ Loved by guests

✔ Free hot/cold buffet breakfast, free WiFi, and free parking

~~\$209~~ **\$156**

nightly price per room

Book Now

Price Guarantee



## CALIFORNIA STATE UNIVERSITY, LOS ANGELES

COLLEGE OF ARTS AND LETTERS  
Department of Communication Studies

November 2, 2017

Dear Associated Students Inc.:

I am writing this letter to acknowledge that our nationally ranked Cal State LA Forensics: Speech & Debate team will be traveling to Ohio State University, in Columbus, Ohio, for the Frolic Speech and Debate tournament held 12/1/17-12/3/17.

The team had an incredible season last year, and was awarded second place in the state of California. The students, with the help of their coaches, worked diligently to be among the national finalists in their events. In order to ensure their growing success at the national level, the students will need to travel out of state before their national tournament in April, 2018. Thus, the team would benefit greatly from sending students to the Ohio State University Tournament. Upon their return to Cal State LA, these students will be able to share their new understanding of speech, debate, and argumentation with the rest of the team, and with the university at large.

We are so proud to send these students to OSU to represent Cal State LA this December, and we are grateful to receive continuous support from A.S.I.

Sincerely,

A handwritten signature in cursive script that reads "David Olsen".

David Olsen  
Department Chair of Communication Studies  
[dolsen@calstatela.edu](mailto:dolsen@calstatela.edu)