



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: Sigma Lambda Beta
 Event Title: Sigma Lambda Beta Retreat
 Date(s) of Event: 8/3/18 - 8/5/18 Semester Select One... Spring 2018
 Location of Event: 1320 Date Palm Cir, Las Vegas, NY 89108
 Expected Total Attendance: 7
 Expected Attendance of Cal State LA Students: 7

Event Description and Total Cost Breakdown

Briefly describe the event:

Our organization will be hosting an educational retreat this year in Las Vegas. We will be planning to discuss programs for the fall and recruitment. We will also be hosting workshops to help educate the each other such as having mock interviews, resume workshops, and a drunk driving prevention workshop.

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

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

This program will help students going on the retreat become more enlightened on decision making and gain development professionally, individually, and mentally.

Hospitality

Description	Amount
Retreat	\$644.00

Honoraria/Contracts

Description	Amount

Marketing

Description	Amount
	\$0.00

Other

Description	Amount

Event Summary

Total Cost of Event: \$644.00
 Amount Requested from A.S.I.: \$644.00
 Amount from other sources: \$0.00

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: AM

18 APR 19 PM 6:49:25

What other resources are you employing for this event?

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: Sigma Lambda Beta PHONE: [REDACTED] DATE: 04/11/18
 EVENT CONTACT NAME: [REDACTED] EMAIL: [REDACTED]
 NAME OF EVENT: Sigma Lambda Beta Retreat LOCATION: [REDACTED]
 EVENT DATE: August 3-5 BEGIN TIME: 8:00AM END TIME: 8:00PM ESTIMATED ATTENDANCE: 70-8000

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:

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):

We will host our educational retreat this year in Las Vegas. We will discuss the programs we will have for fall and recruitment. We will also host several workshops such as "Mock Interviews", "Resume Workshop", and a "Drunk Driving Prevention Workshop".

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.

RECEIVED
04/11/18com

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: [REDACTED]

TREASURER: [REDACTED]

SIGNATURE: *Robert Pryor* DATE: 4-11-18

SIGNATURE: *Francis R. [Signature]* DATE: 4-11-18

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 [REDACTED] SIGNATURE (PLEASE USE BLUE OR BLACK INK ONLY) *Robert Pryor* DATE: 4-11-18

ADVISOR'S NAME [REDACTED] *[Signature]* 4/11/18

ACKNOWLEDGMENT - FOR OFFICE USE ONLY

CENTER FOR STUDENT INVOLVEMENT (U-SU 204) SIGNATURE: *[Signature]* DATE: 4-18-18

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:

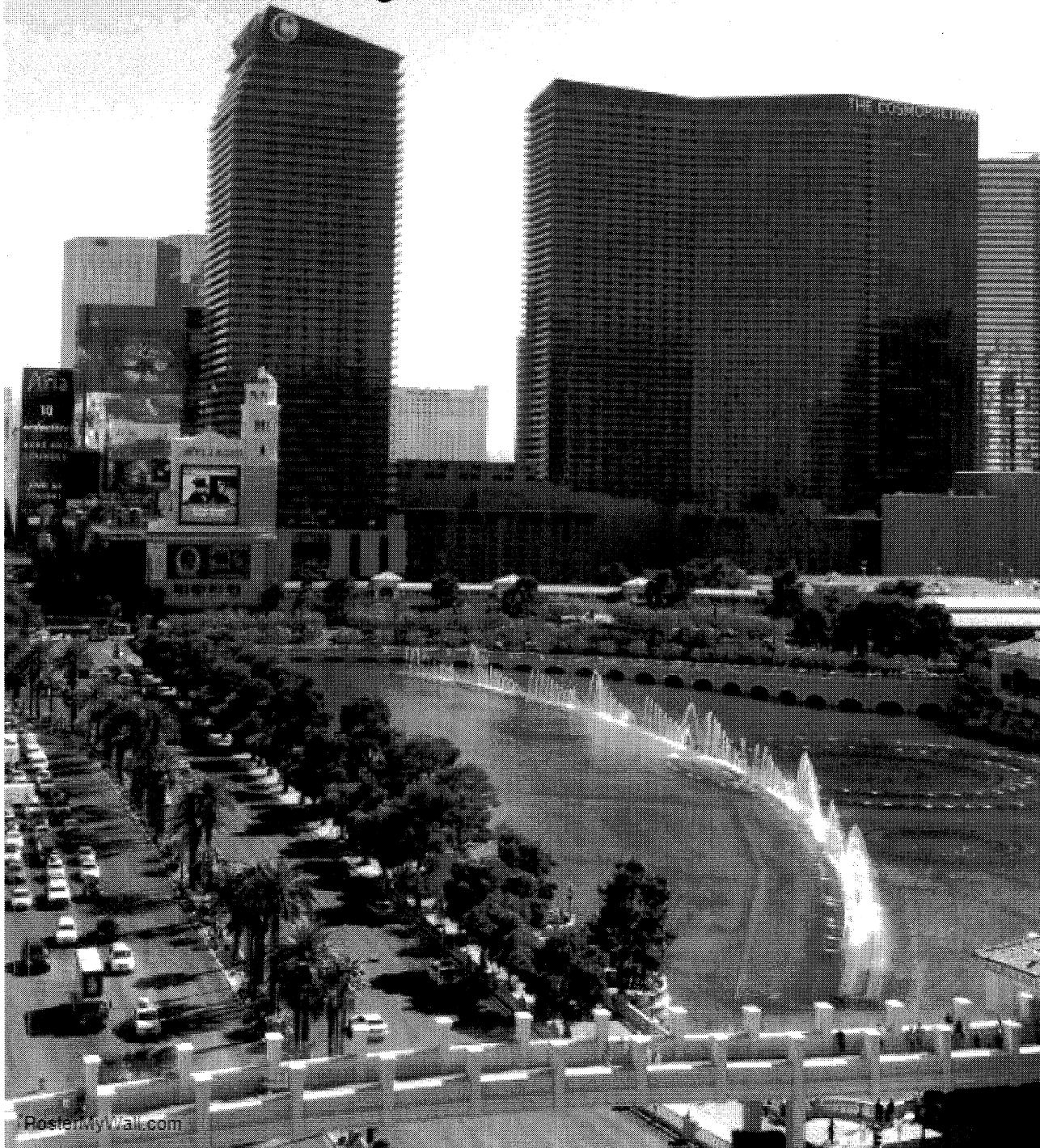
- PUBLIC AFFAIRS DATE: _____
- ATHLETICS DATE: _____
- DEPT. OF PUBLIC SAFETY DATE: _____
- FACILITIES USE COORDINATOR DATE: _____

NOTES OR UPDATES:

• pending travel forms + general release (CR) 4/11

Sigma Lambda Beta Retreat Las Vegas

August 3 - 5 2018





Search



Sign Up

(/?logo=1)

Become a host

Earn credit

Help

(/signup_login)

Log In

[View Photos](#)

ENTIRE HOUSE

(/s/Las-Vegas--NV)

Las Vegas Home with Pool Short Drive To Strip !5:)

Las Vegas

8 guests 3 bedrooms 3 beds 2 baths



Hosted by Brandy
[Contact host](#)

This 1 story 3 bedroom newly remodeled vacation rental home, for starters, features a backyard that will make you feel like you are a VIP at an upscal...

[View more about this home](#)

Amenities

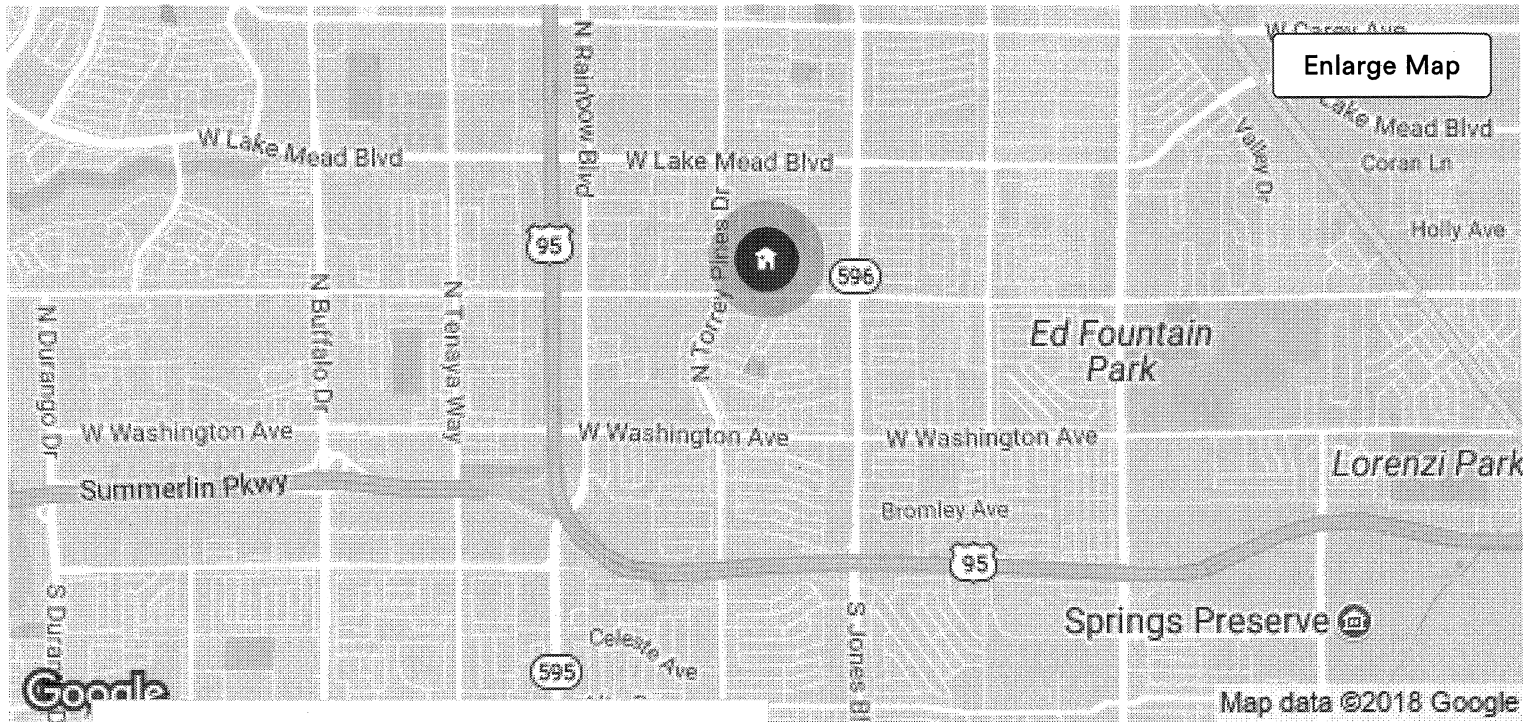
Kitchen

Wifi

Cable TV

Indoor fireplace

Las Vegas, NV, United States



Simi **\$210** per night
★★★★★ 59

Expl

Dates

07/13/2018 → 07/15/2018

Guests

1 guest

\$210 x 2 nights **\$420**

Cleaning fee **\$150**

Service fee **\$74**

Total \$644

Book

You won't be charged yet

Las Vegas

Hotels (/s/Las-Vegas--NV?type=bnb) · Lofts (/s/Las-Vegas--NV?type=condominium)

- Mammoth Lakes Vacation Rentals (/s/Mammoth-Lakes--CA)
- Irvine Vacation Rentals (/s/Irvine--CA)
- Hermosa Beach (/s/Hermosa-Beach--CA)
- Manhattan Beach (/s/Manhattan-Beach--CA)
- Las Vegas (/s/Las-Vegas--NV)
- Beverly Hills (/s/Beverly-Hills--CA)
- Los Angeles (/s/Los-Angeles--CA)
- Racine (/s/Racine--WI)
- Rexburg (/s/Rexburg--ID)

Airb

Care

Press

Policies (policies)

Help (/help?from=footer) Report this listing

California State University, Los Angeles
 CLASS GENERAL RELEASE
 (FIELD TRIP/OFF-CAMPUS ACTIVITY/TRANSPORTATION)

NOT AUTHORIZED FOR USE WITH MINORS

RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity (include name of professor and course): Sigma Lambda Beta; Rafael Reyes & Retreat (Vegas)

The activity in which I am voluntarily participating as an organization member is not Cal State LA related and has no course affiliation.

Activity Date(s) and Time(s): 08/03/18 - 08/05/18

Activity Location(s): 1320 Date Palm Cir, Las Vegas, NV 89108

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, [Los Angeles] and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

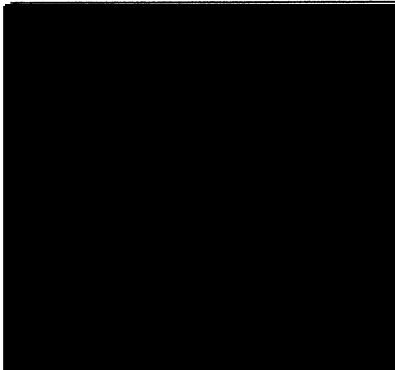
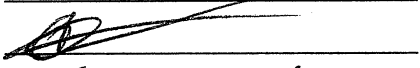
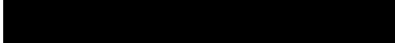
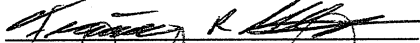
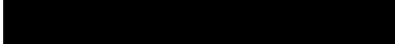
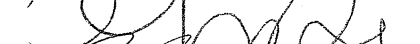
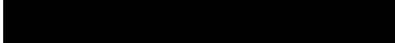

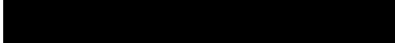

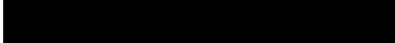
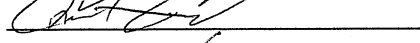
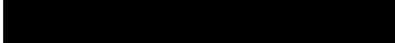

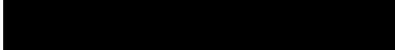



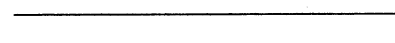
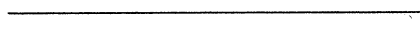
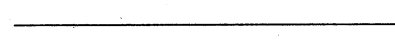
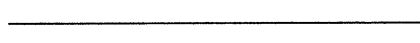
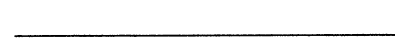
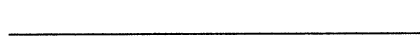


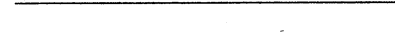
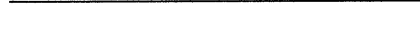
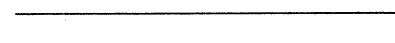
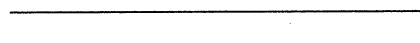

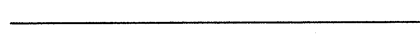
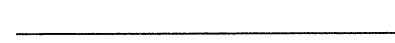
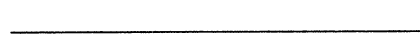


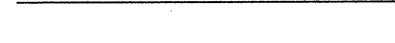

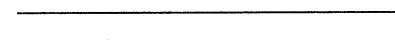
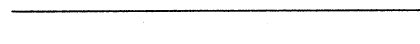
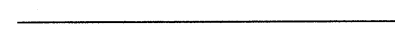
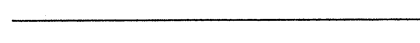
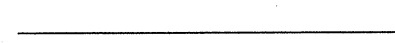
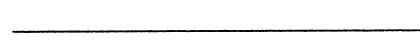

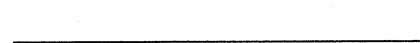
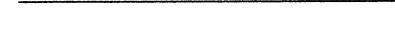

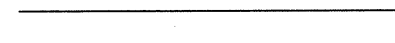
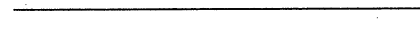
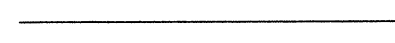
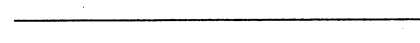
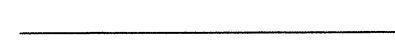
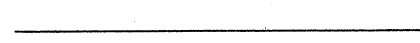




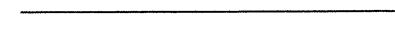
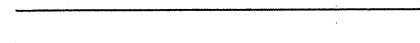
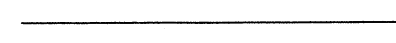
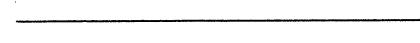
I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely (see attached). No other representations concerning the legal effect of this document have been made to me.

California State University, Los Angeles
CLASS GENERAL RELEASE
(FIELD TRIP/OFF-CAMPUS ACTIVITY/TRANSPORTATION)

ONLY STUDENTS ENROLLED IN THIS COURSE MAY PARTICIPATE

PRINT PARTICIPANT'S NAME	PARTICIPANT'S SIGNATURE	DATE
		04/11/18
		04/11/18
		4/11/18
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California State University, Los Angeles

Field Trip Emergency Information Guidelines Form

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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: _____
NAME

■ *Travel participant's name, home address and phone contact number

NAME HOME ADDRESS PHONE NUMBER

■ *Travel participant's emergency contact name and phone number and relationship of this contact to travel participant.

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: U/A

■ Identification of physical limitations that the travel participant might have (disclosure is voluntary).

■ Name and contact information of travel participant's personal physician.

NAME PHONE NUMBER

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

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[REDACTED]
NAME HOME ADDRESS PHONE NUMBER

- *Travel participant's emergency contact name and phone number and relationship of this contact to travel participant.
[REDACTED]
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N/A _____

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[REDACTED]
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