

- CSI Event Reg. Form
- Estimates / Food Permits
- Event Estimates / Invoices

Contact

[Redacted Contact Information]

Organization

Club/Organization: Society of Women Engineers
 Event Title: ECST Basketball Tournament
 Date(s) of Event: 3/25/17 Quarter: Fall - Spring
 Location of Event: CSULA Gym
 Expected Total Attendance: 200
 Expected Attendance of Cal State LA Students: 180

Event Description and Total Cost Breakdown

Briefly describe the event:
 The basketball tournament is open to all ECST clubs, organizations, project teams, ECST staff/faculty, and senior design members. Food, and SWE gear will be sold.

Is the event open to all Cal State LA students?: No Yes
 How will this program enhance the Cal State LA experience?:
 This event is to encourage students to join ECST clubs and project teams. We want to increase membership in extra-curricular activities.

Hospitality

Description	Amount
Water Bottle (from Costco)	\$52.92

Honoraria/Contracts

Description	Amount

Marketing

Description	Amount
Wristbands (from Amazon)	\$12.50

Other

Description	Amount

Event Summary

Total Cost of Event: \$65.42
 Amount Requested from A.S.I.: \$65.42
 Amount from other sources: _____
 What other resources are you employing for this event?

We will be using SWE funds to cover unforeseen costs.

For Office Use Only • Do Not Write Below

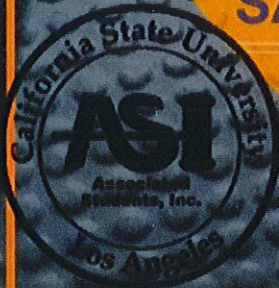
- Important:**
- (1) All Funding Request Forms must be turned in by 12 PM Monday, the week of the Finance Committee Meetings.
 - (2) Additionally, funding request forms must be turned in no less than 10 business days (2 weeks) prior to the event.
 - (3) Deadline for Request for Payment or Purchase Order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

All forms must have a Time Stamp and staff initial: MT

2nd Annual

ECST Basketball Tournament

SATURDAY MARCH 25, 2017



Hosted by



11 AM – 5 PM

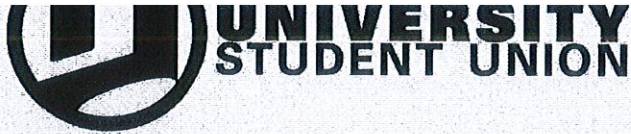
Grand Prize: \$100 Cash Prize

CSULA Basketball Gym

Deadline to sign up: March 18

To sign up your team, email swecsula@gmail.com

Have Questions? Want updates?



REQUEST FORM
 CALIFORNIA STATE UNIVERSITY, LOS ANGELES
 5154 State University Drive, Rm # 107
 Los Angeles, CA 90032-8636
 Phone: (323) 343-2450 Fax (323) 343-2454

Requestor Information

Name of Sponsoring club/organization:
 Reservation Contact Name*:
 Phone number: ()
 Email:

Society of Women Engineers

Event Contact**:
 Phone Number:
 Email:

Caroline Pinheiro
818 927 8953
cpinhe@calsstatela.edu

Faculty/Staff Advisor Name:

Email:

*The Reservation Contact must be listed on the Student Organization Officer Information Form as registered by the Center for Student Involvement and their signature is required on the subsequent reservation confirmation form.

** The Event Contact does not have to be listed on the Student Organization Officer Information Form. The Event Contact will be able to check-in, revise, and sign for the Reservation Confirmation once it has already been signed by the Reservation Contact, but will be unable to add or change the Event Contact.

Event Information

Date	Start Time		End Time			
<i>Basketball Tournament</i>	<i>11</i>	<i>AM</i>	<i>PM</i>	<i>5</i>	<i>AM</i>	<i>PM</i>
		AM	PM		AM	PM
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		AM	PM		AM	PM

Preferred Location:

1st choice: *Outside of Gym Entrance* 2nd choice: *where the farmer's market usually sets up*

Please check all that apply:

Initial *CP* I understand the U-SU does NOT provide equipment (e.g. tables, canopies and chairs) to locations outside of the U-SU Plaza and U-SU Walkway.

Purpose for tabling is to provide: General Information Food Sale/Distribution** Fundraiser**

If food will be distributed and/or sold, please describe *Taco stand and water*

**A Temporary Food Permit & an Event Registration Form will be required if food will be sold or distributed during regular information tabling or for fundraising.

Decorations/banners/signs/letters/special equipment will be displayed. Yes No If so, specify what type: *State banner / Taco stand ad.*

Requestor's Signature: *Caroline Pinheiro* Date: *3/6/2017*

This form must be completed 10 working 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 on websites 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: Society of Women Engineers PHONE: (562) 597-2822 DATE: 3/2/17
EVENT CONTACT NAME: Helen Argandona EMAIL: hargand@calstatela.edu
NAME OF EVENT: ECST Basketball Tournament LOCATION: PE Basketball gym
EVENT DATE: 3/25/17 BEGIN TIME: 11:00 AM END TIME: 5:00 PM ESTIMATED ATTENDANCE: 200

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

- FUNDRAISER 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 TOURNAMENT FOREST CLEAN-UP INTERNATIONAL TRAVEL
 BEACH CLEAN-UP INDOOR/OUTDOOR COOKING DOMESTIC TRAVEL
 BEACH BONFIRE

PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):

A Basketball tournament that is between organizations, project teams, and faculty in the ECST college. Admission fees are only for basketball teams that will be competing. Food and drinks will be sold to everyone.

WHO IS INVITED (CHECK ALL THAT APPLY):

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

Events intended for the general Cal State L.A. 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 FEE, OR DONATION?

(If yes, please complete statement regarding cash transactions on the back of this form) NO YES, HOW MUCH? \$20

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: Taquizas, Taco Vendor

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.

As an officer of: Society of Women Engineers, a recognized student organization at California State University, Los Angeles, I affirm that all funds raised by this organization or assets assigned to this organization will be used solely for the benefit of the organization as a whole. Further, it is affirmed that no funds or assets of this organization will accrue to the benefit of any officer or member, or any private person.

new

Describe the fundraiser (including how the fundraiser or donation process will work, items to be sold, prize(s), etc):
Basketball teams will pay for their admission to enter the tournament.
Food will be sold to everyone as well. SWE Gear will also be sold
T-shirt: \$10 crew neck: \$15 hoodie: \$20 going to SWE Funds

PRESIDENT: Emily Silva SIGNATURE: Emily Silva DATE: 3/6/2017
TREASURER: Caroline Pinheiro SIGNATURE: Caroline Pinheiro DATE: 3/6/2017

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.

- 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 Judicial Affairs.
- ALCOHOL:** Any event that involves consumption of alcoholic beverages requires authorization from the University. Your organization must complete a Request to Serve Alcoholic Beverages form available in the Center for Student Involvement. Please allow at least 3 weeks for this form to be reviewed by the University.
- PUBLICITY:** All publicity material including banners, brochures, announcements, etc. 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 L.A."

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.

STUDENT ORG. OFFICER'S NAME: Caroline Pinheiro SIGNATURE (PLEASE USE BLUE OR BLACK INK ONLY): Caroline Pinheiro DATE: 2017/03/06
ADVISOR'S NAME: Dr. Deborah Won SIGNATURE: Deborah Won DATE: 2017/03/06

ACKNOWLEDGMENT - FOR OFFICE USE ONLY

CENTER FOR STUDENT INVOLVEMENT (U-SU 204)
CSI VERIFIES THE ORG. IS RECOGNIZED BY THE UNIVERSITY
CENTER FOR STUDENT INVOLVEMENT DIRECTOR:

SIGNATURE: [Signature] DATE: 3/6/17

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: General Release

Date of Event: 2/25/17 Estimated Attendance: 160
 Name of Event: SWC Basketball fundraiser (Taco stand)
 Type of Event: Fundraiser Location: Campus on side of gym
 Sponsoring Organization: Society of Women Engineers
 Authorized Representative: Caroline Pinheiro Phone: (818) 927 8953 Fax: _____
 Time:
 Access Time: 10:30 a.m./p.m. to 5:30 a.m./p.m.
 Event Time: 11 a.m./p.m. to 5 a.m./p.m.

8947 Limonite ave
 Jurupa Valley, CA 92509

Type of Food Service:

- Bake Sale Snacks Food Sale Catering
 Barbecue Potluck Other (describe below)

(Provide caterer's complete name and address in space above this box; see Paragraph 6.2(e) in Temporary Food Facility Guidelines for further instructions.)

Describe Other: giving out water bottles

List all food and potentially hazardous food (see Temporary Food Facility Guidelines for definition) items to be sold/served (include ingredients), use back of page if necessary. chicken, tacos (chicken & burritos (chicken, steak, pork))
Quesadilla (chicken & cheese)

Where will this food be prepared or purchased [Note no Home Baked/Cooked Items are Allowed]? Vendor
Pepsi products only

List all beverages to be sold/served: canned soda, bottled water, agua fresca

Where will beverages be prepared or purchased? canned Vendor & costco

Method/s of maintaining proper holding temperatures for potentially hazardous food/s during transportation and service: Vendor

Agreement: For the privilege of selling foods and/or beverages on campus, the Sponsoring Organization shall have attended a food handling orientation (offered at the beginning of Fall and Spring quarters), agrees to read, understand, and comply with the CSLA Temporary Food Facility Guidelines governing food sales or service. Failure to comply with the rules may result in the loss of food and/or beverage selling/serving privileges and possibly disciplinary action.

Insurance: (Student Organizations Only) As a prerequisite, the Sponsoring Student Organization agrees to obtain proper insurance coverage from the Associated Students, Inc. (ASI) at least two weeks prior to the event date and ASI agrees to include the Sponsoring Student Organization's activity in its insurance policy. This Temporary Food Permit will not be approved unless accompanied by a proof of ASI insurance.

No liability will be assumed by California State University, Los Angeles, University-Student Union, or University Auxiliary Services for any food or beverage the sponsoring organization provides to the campus community. This permit should be submitted at least 10 days prior to the activity for proper reviews and approvals; otherwise there is no guarantee of completion by the event date.

All signatures shall be obtained in the following order. Student organizations need all signatures; other organizations 1, 3 and 4 only.

[Signature] 1. Signature of Sponsoring Organization Chairperson
Caroline Pinheiro Authorized Representative to be present at event

3/1/17

La Altena Menu

Meat Choices:

- Asada (Steak)
- Chicken
- Al Pastor (Seasoned Pork)

- Tacos.....\$1.50

- Burritos....\$6.75

(Includes: Choice of meat, rice, beans, cheese, onion and cilantro)

- Cheese only Quesadilla....\$3.50

- Meat and Cheese Quesadilla.....\$6.00

(Includes: Choice of meat, melted Monterey jack cheese)

Drinks:

- 12 oz. canned sodas.....\$1.00
- Bottled water.....\$1.00
- 16 oz. Aguas Frescas.....\$2.00

County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

**Environmental Health Permit
Non-Transferable - Non-Refundable**

0034347

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PR0053491

Ma Martin

Altena Meat & Produce

OWNER/OPERATOR NAME: Maria Martin
FACILITY NAME: La Altena Meat & Produce
FACILITY LOCATION: 8947 Limonite Ave
Jurupa Valley, CA 92509

ADDRESS: 8947 Limonite Ave
Jurupa Valley, CA 92509

Type Of Business:
3620 - Restaurant 1 to 2000 sq ft

Permit Expires: 08/31/2017

and for the business indicated on the condition that the business will comply with the provisions that are now or may hereafter be in force by the United States Government and the County of Riverside pertaining to the above mentioned business.

FOLD HERE TO DISPLAY

SELLER'S PERMIT

ACCOUNT NUMBER

01/01/2015 SR EH 102-772918

LA ALTENA MEAT & PRODUCE
 EDGAR MARTIN
 8947 LIMONITE AVE
 JURUPA VALLEY, CA 92509-5027

NOTICE TO PERMITTEE:
 You are required to obey all Federal and State laws that regulate or control your business. This permit does not allow you to do otherwise.

IS HEREBY AUTHORIZED PURSUANT TO SALES AND USE TAX LAW TO ENGAGE IN THE BUSINESS OF SELLING TANGIBLE PERSONAL PROPERTY AT THE ABOVE LOCATION. THIS PERMIT IS VALID ONLY AT THE ABOVE ADDRESS.

THIS PERMIT IS VALID UNTIL REVOKED OR CANCELED AND IS NOT TRANSFERABLE. IF YOU SELL YOUR BUSINESS OR DROP OUT OF A PARTNERSHIP, NOTIFY US OR YOU COULD BE RESPONSIBLE FOR SALES AND USE TAXES OWED BY THE NEW OPERATOR OF THE BUSINESS.

Not valid at any other address

**For general tax questions, please call our Customer Service Center at 1-800-400-7115 (TTY:711).
 For information on your rights, contact the Taxpayers' Rights Advocate office at 1-888-324-2798 or 1-916-324-2798.**

BOE-442-R REV. 16 (11-14)

A MESSAGE TO OUR NEW PERMIT HOLDER

As a seller, you have rights and responsibilities under the Sales and Use Tax Law. In order to assist you in your endeavor and to better understand the law, we offer the following sources of help:

- Visiting our website at www.boe.ca.gov
- Visiting a field office
- Attending a Basic Sales and Use Tax Law class offered at one of our field offices
- Sending your questions in writing to any one of our offices
- Calling our toll-free Customer Service Center at 1-800-400-7115 (TTY:711)

As a seller, you have the right to issue resale certificates for merchandise that you intend to resell. You also have the responsibility of not misusing resale certificates. While the sales tax is imposed upon the retailer,

- You have the right to seek reimbursement of the tax from your customer
- You are responsible for filing and paying your sales and use tax returns timely
- You have the right to be treated in a fair and equitable manner by the employees of the California State Board of Equalization (BOE)
- You are responsible for following the regulations set forth by the BOE

As a seller, you are expected to maintain the normal books and records of a prudent businessperson. You are required to maintain these books and records for no less than four years, and make them available for inspection by a BOE representative when requested. You are also expected to notify us if you are buying, selling, adding a location, or discontinuing your business, adding or dropping a partner, officer, or member, or when you are moving any or all of your business locations. If it becomes necessary to surrender this permit, you should only do so by mailing it to a BOE office, or giving it to a BOE representative.

If you would like to know more about your rights as a taxpayer, or if you are unable to resolve an issue with the BOE, please contact the Taxpayers' Rights Advocate office for help by calling toll-free, 1-888-324-2798 or 1-916-324-2798. Their fax number is 1-916-323-3319.

Please post this permit at the address for which it was issued and at a location visible to your customers.

THIS CERTIFICATE IS ISSUED AS A MATTER OF COURTESY. IT IS NOT A CONTRACT. THE POLICY CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE DESCRIBED IN THE POLICY CERTIFICATE. THIS CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Lupita Jimenez(9930324)
1918 Business Center Dr Ste 108

San Bernardino CA 92408-3451

INSURED
Martin, EVERARDO
8947 Limonite Ave
La Alteña Meat & Produce
Riverside CA 92509

CONTACT NAME:
PHONE (A/C, No, Ext): 888-542-8332 **FAX (A/C, No):** 888-524-7552
E-MAIL ADDRESS: ljimenez2@farmersagent.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Truck Insurance Exchange	21709
INSURER B: Farmers Insurance Exchange	21652
INSURER C: Mid Century Insurance Company	21687
INSURER D:	
INSURER E:	
INSURER F:	

REVISION NUMBER:

COVERAGES **CERTIFICATE NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y	N	606240667	10/22/2016	10/22/2017	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ 75,000	
	MED EXP (Any one person)						\$ 5,000	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000	
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						EACH OCCURRENCE \$ AGGREGATE \$	
							WC STATUTORY LIMITS \$ OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INSURED
the University-Student Union CSULA, UAS, the California State University, Los Angeles, the Trustees of the California State University, the State of California, and their officers, employees, and volunteers, are named as Additional insured.

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.