For the Students, by the Students		t Form	sary Documents: Int Flyer w/ A.S.I. Logo Event Reg. Form Inates / Food Permits
Contact Officer Name: Officer Title: Address: City/State/Zip: Phone & Email: Officer Signature Event D Briefly describe the event: ASA is fundraising in order to produ term club goals, including: travel scl Anthropology students to industry co team building events, Annual ASA c	escription and ce funds for long nolarships for onferences,	Organization       Even         Club/Organization:       Association of Stud         Event Title:       ASA Fundraisor         Date(s) of Event:       11/28/2017         Date(s) of Event:       Bookstore South         Location of Event:       Bookstore South         Expected Total Attendance:       Expected Attendance of Cal State LA.Stude         Total Cost Breakdown       Is the event open to all Cal State LA stude         How will this program enhance the Cal State       In order to achieve greater success academic careers as well as profess upon graduation, attending industry essential. Providing team building a scholarships will enhance the CSU	50 50 50 50 50 50 50 50 50 50
Hospitality Description	Amount	Honoraria/Contracts Description	Amount
Marketing Description	Amount O	Other Description Pizza @\$9.95 ea x 6	Amount 59.70 51.56
	· · · · · · · · · · · · · · · · · · ·	Snacks @(13.79x2)(11.99x2) Snacks @11.49x2 Water @2.99x2	22.98 5.98
Event Summary         Total Cost of Event:          Amount Requested from A.S.I.:          Amount from other sources:          What other resources are you employin         We are using club resources to cover         Dur purchases along with ice necess         Soft drinks and water cold.	0 140.22 15.00 ng for this event? er any taxes from		ed in by 12 PM Committee Meetings. be turned in no less he event.

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### STUDENT ORGANIZATION EVENT REGISTRATION FORM

CAL STATE LA

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 recording confirmation process has been completed for on campus events. **Signatures must be completed in blue or black ink.** 

reservation commuter pr	ocess has been completed		/	· · · · · · · · · · · · · · · · · · ·	DATE: 11/25/2017
NAME OF ORGANIZATION	: Ashociation up 4	Student Anthrey	bligists PHONE		DATE: 10/25/2017
EVENT CONTACT NAME:	Neil Kahanski	, v		EMAIL: nanc	V.BISE gmail.com.
NAME OF EVENT: ASA	FUNDRAISER	<sup>b</sup>	LOCATIO		
EVENT DATE: 11/2/17	3EGIN TIME: /2 pm				E: 50
TYPE OF ACTIVITY (THE UN BENEFITS TO PROCEED DANCE/PARTY OTHER:		OGRAM SPIR	FOR CERTAIN EVENTS ITUAL PROGRAM IMUNITY SERVICE	RECREATION	L PROGRAM /CONVENTION
WILL YOUR EVENT INCLU	UDE ANY OF THE FOLLOW	VING? (PLEASE CHEC	K ALL THAT APPLY)		
SPORTS ACTIVITY OR BEACH CLEAN-UP BEACH BONFIRE		REST/PARK CLEAN-U DOOR/OUTDOOR CO	ip Oking	DOMESTIC TRAVE	-
PLEASE DESCRIBE THE E	VENT BELOW (INCLUDE	ALL ACTIVITIES):	1. 1. t.	all bush	1/2 will be
ASA is fundh. selling pezza, .	VENT BELOW (INCLUDE A Aising in correct to por smaches, is Bolt do	ruhe / water.	box long le	handled By	authorized
Unto members	with Facel safe	if grown,			
Events intended for t	BERS CAL STATE LA C	ampus will be listed in	THER COLLEGES &	nization Calendar of Ev	Executive in a second
an a	Center for Student Involver AN ADMISSION CHARGE,	DECISTRATION PAG	TICIPATION FEE. C	OR RAISE ANY PROCE	DS TO BENEFIT THE
ORGANIZATION? (If yes	, please complete statemen	it regarding proceeds			
WILL A MOVIE BE SHOW	NN? MO YES (IF y	yes, please attach writ	ten proof of viewing	y rights.)	
WILL THE EVENT HAVE	SECURITY?	YES If yes, please e	xplain	y	en e
IE VES WHO WILL P		IVERSITY CATERING	OTHER: Cos	too Albamburg	
A completed food	permit is required for all c	on-campus events wil	th food unless the f	ood is provided by Univ	versity Catering.
	ESENT AT THE EVENT?		a attach a comple	eted request to serve a two weeks for review	
WILL THE EVENT RE HE	LD IN A RESTAURANT/VENUE	WHERE ALCOHOL IS A		YES Initials	PLEASE LIST 2 TIPS TRAINED MEMBERS ON PAGE 2.
WILL THE EVENT BE HEI	LD IN A RESTAURANT/VENUE lease affirm organization	members and gues	ts will not consume	e alcohol.	MEMBERS ON PAGE 2.
WILL THE EVENT BE HEI	lease affirm organization	members and gues	ts will not consume SPAPER, TV, RADIC	e alcohol. ), ETC.)? [2]NO	MEMBERS ON PAGE 2. YES, PLEASE PROVIDE WHO WILL BE INVITED ON PAGE 2.
WILL THE EVENT BE HEI If so, p WILL OFF-CAMPUS N DOES THE STUDENT C	lease affirm organization 4EDIA BE NOTIFIED ABOU 0RGANIZATION WANT TO	members and guest JT THE EVENT (NEW PURCHASE SPECIAL	ts will not consume SPAPER, TV, RADIC . EVENT INSURANC	e aicohol. b, ETC.)? <sup>12</sup> NO CE FOR THIS EVENT?	YES, PLEASE PROVIDE WHO WILL BE INVITED ON PAGE 2.
WILL THE EVENT BE HEI If so, pl WILL OFF-CAMPUS N DOES THE STUDENT O Please be aware that	lease affirm organization 4EDIA BE NOTIFIED ABOU 0RGANIZATION WANT TO	members and guest JT THE EVENT (NEW PURCHASE SPECIAL ts are not covered for on officers or the advi	ts will not consume SPAPER, TV, RADIC . EVENT INSURANC liability or other ins sor may be held per	e alcohol. b, ETC.)? MO E FOR THIS EVENT? surance by California St sonally liable. If the stud	MEMBERS ON PAGE 2. YES, PLEASE PROVIDE WHO WILL BE INVITED ON PAGE 2.

### 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. ASA will Be sellis pizza et for slice. Soder pt 1 Per, Smachs - Chips/ (Andy & 4.95 p.m. PRESIDENT: NANCY VER DUZCO SIGNATURE: TREASURER: April Kohansle. SIGNATURE:

### **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** 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	SIGNATURE (PLEASE USE BLUE OR BLACK INK ONLY)	DATE:
Neil Kchanski		10/25/2017
ADVISOR'S NAME	Provident 1	10 27/2017
DR. JERICA BOOOH-CREED	Amia Brillicled	10 [2 T] LUT
	V. States and the second	
CENTER FOR STUDENT INVOLVEMENT (U-SU	204) SIGNATURE:	DATE:
CSI VERIFIES THE ORG. IS RECOGNIZED BY THE UNIT		<u> </u>
ASSISTANT DEAN OF STUDENTS: WELLNESS &	RENGAGEMENT	
GENERAL RELEASE REQUIRED FOR ALL PARTIC	IPANTS? NO YES DATE REQUIRED:	
NOTIFICATIONS:		
PUBLIC AFFAIRS DATE:	ATHLETICS	DATE:
DEPT. OF PUBLIC SAFETY DATE:	FACILITIES USE COORDINATOR	DATE:
NOTES OR UPDATES:		

	Print Form Clear Form
CALIFORNIA STATE UNIVERSITY, L TEMPORARY FOOD FACILITY	OS ANGELES
Date of Event: 11/12, 21, 29/2017	Estimated Attendance:
Name of Event:A SA Implialsu	
	Rikatony Jour
Sponsoring Organization: A 540 CIAL, 24 My Student Anthrope	2/05/3/3
Authorized Representative: //eilKhande,Phone:	ax:
Time:	
Access Time: $\frac{11.30}{30}$ s.m/p.m. to $5.30$ a.m. p.m?	
Event Time:a.m./p.m. toa.m./p.m.)	
Type of Food Service: Bake Sale Snacks Food Sale Catering Barbecue Potluck Other (describe below) Describe Other:	(Provide caterer's com above this box; see Par Facility Guidelines for
List <u>all</u> food and potentially hazardous food (see Temporary Food Facility Guid ingredients), use back of page if necessary. $PIZZA - CHEESE / Peppe$	elines for definition) items to be sold/served (include
Where will this food be prepared or purchased [Note no Home Baked/Cooked In De previous All fred Itens.	
List all beverages to be sold/served: Popsi Preduct's inaludiz	
Where will beverages be prepared or purchased? Porchain France	nteo;
Method/s of maintaining proper holding temperatures for potentially hazardous	
<u>Agreement:</u> For the privilege of selling foods and/or beverages on campus, the handling orientation (offered at the beginning of Fall and Spring quarters), agree Temporary Food Facility Guidelines governing food sales or service. Failure to and/or beverage selling/serving privileges and possibly disciplinary action.	es to read, understand, and comply with the CSLA
<b>Insurance</b> : (Student Organizations Only) As a prerequisite, the Sponsoring Stu coverage from the Associated Students, Inc. (ASI) at least two weeks prior to the Student Organization's activity in its insurance policy. This Temporary Food P proof of ASI insurance.	e event date and ASI agrees to include the Sponsoring
No liability will be assumed by California State University, Los Angeles, University for any food or beverage the sponsoring organization provides to submitted at least 10 days prior to the activity for proper reviews and approvals event date.	the campus community. This permit should be
All signatures shall be obtained in the following order. Student organization	as need all signatures; other organizations 1, 3 and 4 only
200	Neil Kohanski
1. Signature of Sponsoring Organization Chairperson	Authorized Representative to be present at event
0/ Jun	10.31.27
2. Center for Student Involvement (UU 204) (Student Organizations Only)	Date
1 ml	10.31.17
3. University Auxiliary Services, Inc. (Golden Eagle Bldg 314)	Date
K.C. K #17-8	85 11/2/17

4. Environmental Health & Safety (Corporate Yard Bldg. 244)

	<b>.</b>
Permit	No.

Date

Revised 05/2012

# Association of Student Anthropologist,

## ASSOCIATED STUDENTS, INC. THE ACTIVITIES AND OPINIONS PRESENTED ARE NOT RECESS ARILY THOSE OF ASSOCIATED STUDENTS, INC.

RECEIVED NOV ng 2017 1:39 pm California state University, Los Angeles UNIVERSITY STUDENT UNION	<b>EXTERNAL SPACE</b> <b>REQUEST FORM</b> 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 Infor	mation
Name of Sponsoring club/organization: Agenciation of Shulest An	al and offer
Reservation Contact Name*: //w/ / ///	Threpdosists Alit 11
Phone number 372 GILLS (TUSK)	Event Contact**: Nei/ Kelpish
Email: Akchans & CALSTARE CA. CDU	Phone Number: 323 945-5168
Faculty/Staff Advisor Name:	Email: the introduste Akabans & Cals Pakels
	Email:
*The Reservation Contact must be listed on the Study of the	$e_{\mathcal{H}_{\ell}}$

**.** .)

ntact must be listed on the Student Organization Officer Information Form as registered by the Center for Student Invovlement 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 checkin, 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	Sur Ine			
	11/2/12017	17	AN DN	Endering	
	11/28/2012	16		5	
	1 of carrie	16		5	
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Preferred Lo	Cation				
15	it choice: Procestone South	1	2nd choice:	10	1// 50
Please check	call that apply:		and choice: Libra	24/Cn/h	- WACWAY IM
Initial	I understand the U-SU does NOT provide a			/	
	I understand the U-SU does <u>NOT</u> provide e ablingis to provide: General Inform				SU Plaza and U-SU Walkway
If food will be	e distributed and/or sold, please describe:	PIZZA Fred	m Coster Ally	muraiser**	
**A Temporar	y Food Permit & Event Registration Form will I	pe required if food will be	e sold or distributed during reg	ular information +	ablinger for f
Decorations o	r banners/signs/letters will be displayed.	Yes 🗌 No	If so, specify what type:		
Requestor's Si	ignature:		11/0	1000	
	S		Date: /// 7	1 1010	













