# Associated Students, Inc. Funding Request Form

**Necessary Documents:** ☐ Event Flyer w/ A.S.I. Logo

CSI Event Reg. F	Form
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☐ Estimates	/ Food Parmit	ŀ	

For the Students, by the Students! $2017 - 18$	<u> </u>		☐ Estimates / Food Permits			
Contact	<b>/</b>	Organization	☐ Event Estimates / Invoices			
Officer Name:		Club/Organization: Sigma Nu				
Officer Title:		Event Title: Nu Games Awards Banquet				
Address:		Date(s) of Event: 3/2/18 Semester Select One				
City/State/Zip:		Location of Event: USU LA Roor	<u>m</u>			
Phone & Email:		Expected Total Attendance:	60			
Officer Signature: _		Expected Attendance of Cal State I	LA.Students:60			
Event	<b>Description an</b>	d Total Cost Breakdown				
Briefly describe the event:		Is the event open to all Cal State L	A students?: Select One			
The awards banquet will feature to and presentation of different awar award being the trophy of the 201 Champion.	ds, with the final	How will this program enhance the Cal State LA experience?:  The program is the conclusion of a week-long philanthropy week where different organizations compete in different events with the main goal to raise money and awarenss for St. Jude Children's Research Hospital.				
Hospitality	•	Honoraria/Contracts				
Description Golden Eagle Hospitality	Amount \$1,410.55	Description	Amount			
Marketing Description	Amount	Other  Description	Amount			
	\$0.00		7 11105			
Event Summa	ry	For Office Use Only • I	Do Not Write Below			
Total Cost of Event:	\$0.00	Important:	. (			
Amount Requested from A.S.I.:	\$1,410.55	(1) All Funding Request Forms mus Friday, the week before the Fund	ding Sub-Committee Meetings.			
Amount from other sources:	\$0.00	(2) Additionally, funding request forms must be turned in no less than 10 business days (2 weeks) prior to the event.				
What other resources are you emplo	ying for this event?		(3) Deadline for Request for Payment or Purchase Order (RPP) is			
		All forms must have a Time Star	np and			

staff initial:

'18 FEB 15 AM10:45:23

#### STUDENT ORGANIZATION

### **VENT REGISTRATION FORM**



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 NU Fratoniti

EVENT CONTACT NAME: Matthew Chrow

NAME OF EVENT: No Games Banquet

LOCATION: 1) SU LA MOM

EVENT DATE: 3/2/18

DANCE/PARTY

BEGIN TIME: 6PM

✗ SOCIAL PROGRAM

ESTIMATED ATTENDANCE: 75

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

BENEFITS TO PROCEED

EDUCATIONAL PROGRAM

SPIRITUAL PROGRAM COMMUNITY SERVICE

RECREATIONAL PROGRAM 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):

A banquet to wap up all the work au participants have the past week Then presentation of vorious awards to the different args. Lastle presentation of No Games 2018 whipe

WHO IS INVITED (CHECK ALL THAT APPLY):

★ STUDENT ORG. MEMBERS ★ CAL STATE LA COMMUNITY

OTHER COLLEGES & UNIV

GENERAL PUBLIC

**GUESTLIST** 

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

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)

WILL A MOVIE BE SHOWN?

YES (If yes, please attach written proof of viewing rights.)

WILL THE EVENT HAVE SECURITY?

YES If yes, please explain

WILL FOOD BE SERVED AT THE EVENT?

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?



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?

purchase Special Event insurance for a particular event, please contact CSI.

PLEASE LIST 2 TIPS TRAINED MEMBERS ON PAGE 2.

WILL OFF-CAMPUS MEDIA BE NOTIFIED ABOUT THE EVENT (NEWSPAPER, TV, RADIO, ETC.)?



YES, PLEASE PROVIDE WHO WILL BE INVITED ON PAGE 2.

DOES THE STUDENT ORGANIZATION WANT TO PURCHASE SPECIAL EVENT INSURANCE FOR THIS EVENT?

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



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



Updated 08.18.17 | Page 1 of 2

#### STATEMENT REGARDING PROCEEDS TO BENEFIT TRANSACTIONS

**NOTES OR UPDATES:** 

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:		SIGNA	ATURE:	DATE:		
TREASURER:		SIGN	ATURE:	DATE:		
The following	ith any of the following guidel events and use of facilities. Mo	nes may result in disciplina re information can be foun	ry action taken against the org d online in the Student Organiz	o be followed completely. Failure anization including suspension of cation 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:	consumption of alcoholic be submit a Request to Serve 2 3 weeks for this form to be alcohol is available (but will entire event. Additional gu	everages requires authoriza Alcoholic Beverages form i reviewed by the University not be consumed) require delines may be enforced.	ation from the University. Your n addition to this Event Regist . Approved alcohol consumpti at least two TiPS certified me	on or off campus) that involves the organization must complete and ration Form. Please allow at least on events and events held where mbers to be in attendance of the		
PUBLICITY:	of this organization do not i	ecessarily reflect those of	the students, staff, faculty, or a	statement: "The actions and opinions administration of Cal State LA."		
GENERAL RELEASE:	If your event will require the organization is required to organization is required to organize the control of	use of general release wai omply with all instructions	vers prior to organization men provided by CSI, including sub	nber and guest participation, your pmitting all completed forms and		
FOLLOW AL MAY BE SUB	L GUIDELINES SET FORTH BY T BJECT TO CANCELLATION BASEI ORG. OFFICER'S NAME	HE UNIVERSITY. I ACKNOWLE ON MY ORGANIZATION'S RE SIGNATUR	DGE THAT THIS EVENT AND ANY	CH MY ORGANIZATION IS SPONSORING WILL ASSOCIATED EVENT SPACE RESERVATIONS  ONLY)  DATE:  12/2c//7		
CENTER CSI VERIF ASSISTA GENERA	FOR STUDENT INVOLVEME FIES THE ORG, IS RECOGNIZED INT DEAN OF STUDENTS: W	NT (U-SU 204) BY THE UNIVERSITY	SIGNATURE:	NLY		
		·	ATHLETICS	DATE:		
DEI	PT. OF PUBLIC SAFETY DATE		FACILITIES USE COORDIN	ATOR DATE:		

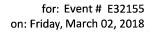
## Sigma "Nu Games" Award Banquet March 2, 2018



Location: USU LA Room

Time: 6pm-8pm







Client/Organization Event # **Event Date Booking Contact** Sigma Nu 3/2/2018 (Fri) Matthew Chiou E32155 Address City, St/Prov Postal Booking Tel Guests Alhambra, CA 91801 60 (Act) Sales Rep Category Party Name Theme Nu Games Award Dinner Amanda Tapia

Venue Description Start End **Banquet Room** Setup Style Type 5:45 pm 6:00 pm Student Union Delivery Food & Beverage Food/Service Items Price Total Delivery to USU-LA room for 5:45pm

(60) Disposables

Guest(s) 0.35 21.00

(60) Option A - Buffet

Guest(s) 18.00 1,080.00

Mixed Green Salad with Ranch

Dressing

Grilled Sliced Chicken with

Lemon- Herb Sauce

Pesto Cream Penne Pasta

Bread and Butter

Red Velvet Cake

Lemonade and Water Service

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Total
Subtotal	1,101.00	0.00	0.00	0.00	0.00	0.00	0.00	1,101.00
Service Charge	187.17	0.00	0.00	0.00	0.00	0.00	0.00	187.17
Taxes	122.38	0.00	0.00	0.00	0.00	0.00	0.00	122.38
Total	1,410.55	0.00	0.00	0.00	0.00	0.00	0.00	1,410.55

Subtotal 1,101.00 Paid 0.00 Tax 122.38 Balance 1,410.55 Service Charge 187.17 Total Value 1,410.55

Banquet Event Order is invalid unless signed and returned along with a check or purchase order to the Golden Eagle Hospitality Office. Missing catering equipment is the responsibility of the Authorized Signee. A 17% Service Fee and 9.5% Sales Tax will be Charged where applicable. 72 Hours Guest Count Confirmation and

Authorized Signature & Date: (Please sign &date all pages)