



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: Betacon 2018 Housing
 Date(s) of Event: 7/5/18 - 7/18/18 Semester Select One... Spring 2018
 Location of Event: 7901 E Belleview Ave, Englewood, CO 80111
 Expected Total Attendance: 5
 Expected Attendance of Cal State LA Students: 5

Event Description and Total Cost Breakdown

Briefly describe the event:

Betacon is a convention in which entities of Sigma Lambda Beta send delegates to Betacon to vote on certain proposals for the fraternity. At the same time, the convention hosts a variety of workshops which will help empower students as recognized leaders. Five of our members will be staying at the Helios Apartments.

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

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

The delegates attending the convention which are students will receive come together to vote on propositions that affect the fraternity but also will learn how to be leaders in their perspective communities.

Hospitality

Description	Amount
Housing	\$146.00

Honoraria/Contracts

Description	Amount

Marketing

Description	Amount
	\$0.00

Other

Description	Amount

Event Summary

Total Cost of Event: \$146.00
 Amount Requested from A.S.I.: \$146.00
 Amount from other sources: \$0.00

What other resources are you employing for this event?

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: KB

'18 APR 19 PM 12:19:28



Associated Students, Inc.

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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: _____

Officer Signature: _____

Organization

Club/Organization: Sigma Lambda Beta

Event Title: Betacon 2018 Travel

Date(s) of Event: 7/5/18 - 7/8/18 Semester: Select One... Spring 2018

Location of Event: LAX-DEN 4900 Cyracuse St, Denver, CO 80237

Expected Total Attendance: 5

Expected Attendance of Cal State LA Students: 5

Event Description and Total Cost Breakdown

Briefly describe the event:

Betacon is a convention in which entities of Sigma Lambda Beta send delegates to Betacon to vote on certain proposals for the fraternity. At the same time, the convention hosts a variety of workshops which will help empower students as recognized leaders. In this case five of our members will be flying out from July 5th and return July 8th.

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

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

The delegates attending the convention which are students will receive come together to vote on propositions that affect the fraternity but also will learn how to be leaders in their perspective communities.

Hospitality

Description	Amount
Travel	\$1,394.75

Honoraria/Contracts

Description	Amount

Marketing

Description	Amount
	\$0.00

Other

Description	Amount

Event Summary

Total Cost of Event:	\$1,394.75
Amount Requested from A.S.I.:	\$1,394.75
Amount from other sources:	\$0.00

What other resources are you employing for this event?

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: KB '18 APR 19 PM 12:19:15

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: *Sigma Lambda Beta* PHONE: [REDACTED] DATE: *04/16/18*
 EVENT CONTACT NAME: [REDACTED] EMAIL: [REDACTED]
 NAME OF EVENT: *Betacore 2018 (Lodging)* LOCATION: *7401 E Bellevue Ave,*
 EVENT DATE: *7-5 - 7-8-18* BEGIN TIME: *9:00AM* END TIME: *8:00PM* ESTIMATED ATTENDANCE: *5 Englewood, CO*

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):

Entities of Sigma Lambda Beta send delegates to Betacore to vote on proposals to the constitution of the fraternity. Along with this executive board of directors are voted on. The convention will also help entity delegates to become empowered as leaders through a variety of workshops. 5 of our members will be staying at the Helios Apartments.

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
04/16/18

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.

\$55 a night
\$37 Taxes
Total of \$146 to book.

PRESIDENT: [Redacted]

SIGNATURE: [Signature] DATE: 4-11-18

TREASURER: [Redacted]

SIGNATURE: [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) [Signature] DATE: 4-11-18

ADVISOR'S NAME [Redacted] SIGNATURE [Signature] DATE: 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:



ASSOCIATED STUDENTS, INC.

THE ACTIVITIES AND OPINIONS PRESENTED ARE NOT
NECESSARILY THOSE OF ASSOCIATED STUDENTS, INC.

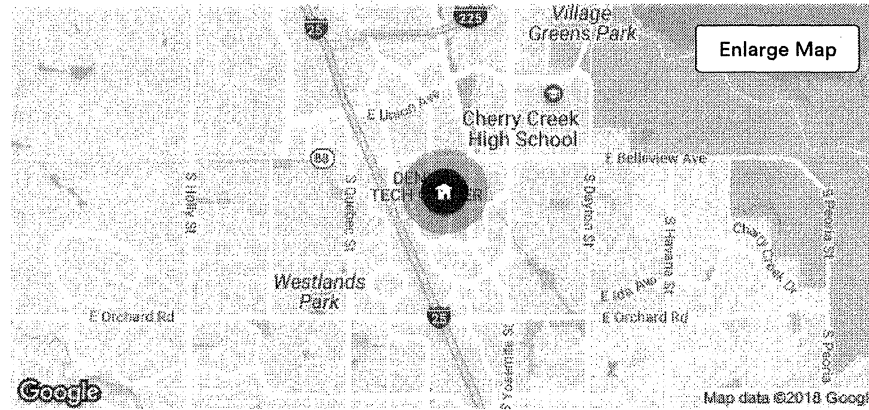


DENVER2018

Σ ABETACON

July 5-8th Marriott Tech Center





Exact location provided after booking

Sim \$55 per night
★★★★★ 23

(/rooms: 06&chi

Dates

07/06/2018 → 07/08/2018

Guests

4 guests ▼

\$55 x 2 nights [?] \$109

PRIVATE
The E
Suite
\$50 per
★★★★★

Cleaning fee [?] \$15

Service fee [?] \$17

Occupancy Taxes [?] \$5

(/rooms: 06&chi

Total \$146

6639?check_in=2018-07-06&check_out=2018-07-08)

1 • 1 BED
ch Center - Jetted Tub,
ower!!!
t

6639?check_in=2018-07-06&check_out=2018-07-08)

Exp
Villa

Request to Book

You won't be charged yet

id Greenwood

Report this listing



Denver, CO, United States

[Sign Up](#)

?logo=1

[Become a host](#) [Help](#) [\(signup_login\)](#) [Log In](#)

[View Photos](#)

PRIVATE ROOM IN APARTMENT
(/s/Greenwood-Village--CO)

The Double Double @ The Swanky Suites in the DTC

Greenwood Village

4 guests 1 bedroom 2 beds 1 shared bath



Hosted by Tina
[Contact host](#)

Denver was recently voted the 6th cleanest city in the US by Readers Digest and the Denver Tech Center is arguably the cleanest sub-city in all of the...

[View more about this home](#)

Amenities

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 & Betacon 2018 (Denver CO): Rafael Re
 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): 07/05/18 - 07/08/18

Activity Location(s): [REDACTED]

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.

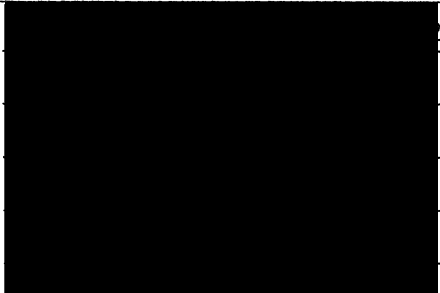
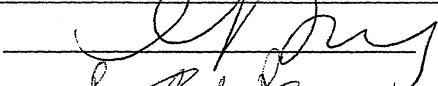
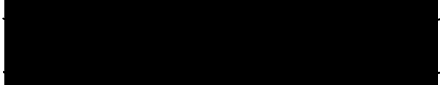
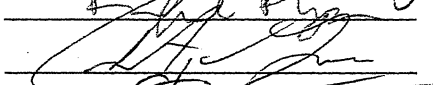
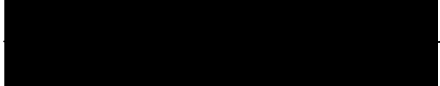
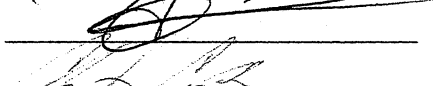

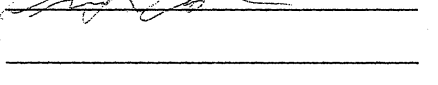
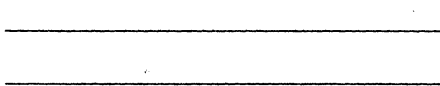
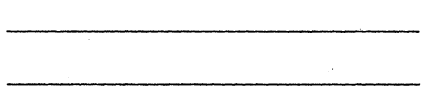
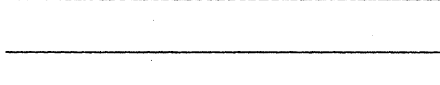
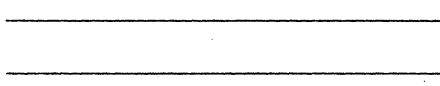
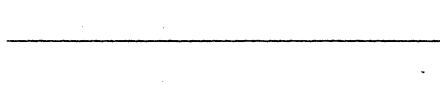
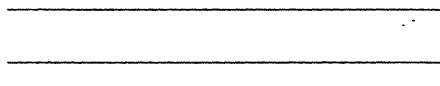
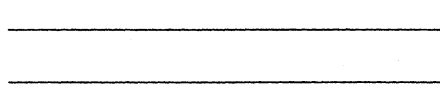
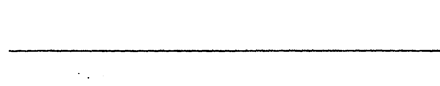
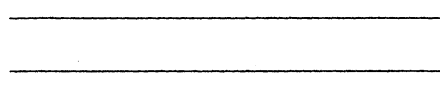
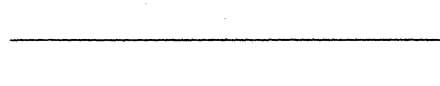
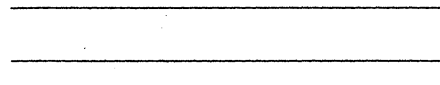
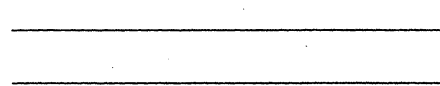
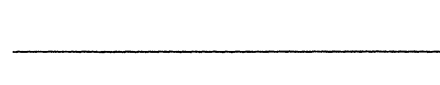
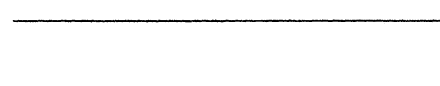
I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

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
		4-17-18
		4-17-18
		4-17-18
		4/17/18
		4/17/18
		
		
		
		
		
		
		
		
		
		
		
		

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: _____

■ *Travel participant's name, home address and phone contact 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 N/A 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).

■ 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.

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

Field Trip Emergency Information Guidelines Form

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- *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

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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: [REDACTED] _____
NAME

- *Travel participant's name, home address and phone contact number.
[REDACTED] _____

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

NAME	PHONE NUMBER	RELATIONSHIP
[REDACTED]		

- Travel participant's parent and/or legal guardian's name and phone number (if different from above). [REDACTED] _____
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: _____

- 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.
[REDACTED] _____
NAME PHONE NUMBER

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- *University Field Trip Supervisor: _____
NAME

- *Field 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
------	--------------	--------------

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NAME PHONE NUMBER

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- 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

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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: [REDACTED]
NAME

- *Travel participant's name, home address and phone contact number.
[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
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
[REDACTED]	[REDACTED]	[REDACTED]

- Travel participant's parent and/or legal guardian's name and phone number (if different from above). [REDACTED] [REDACTED] [REDACTED] [REDACTED]
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
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.

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: 01/16/18
 EVENT CONTACT NAME: [REDACTED] EMAIL: [REDACTED]
 NAME OF EVENT: Betacon 2018 (Travel) LOCATION: LAX - DEN 4900 S CYRACUSE ST, DENVER, CO 80237
 EVENT DATE: 7-5-7-8-18 BEGIN TIME: 8:00AM END TIME: 8:00PM ESTIMATED ATTENDANCE: 5

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):

Entities of Sigma Lambda Beta send delegates to Betacon to vote on proposals directed towards the constitution of the Fraternity. This convention will also help empower delegates to be sophisticated leaders for their community and how they can make it better through a variety of programs. Our members will fly out 07/05/18 and return 07/08/18

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? YES Initials PLEASE LIST 2 TIPS TRAINED MEMBERS ON PAGE 2.
 If so, please affirm organization members and guests will not consume alcohol.

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
01/16/18 am

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.

5 Tickets \$ 389.65 Departure
\$ 775.70 Return
\$ 1,394.75 TOTAL

PRESIDENT: [Redacted]
TREASURER: [Redacted]

SIGNATURE: Robert Ryan DATE: 4-11-18
SIGNATURE: [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 Ryan DATE: 4-11-18
ADVISOR'S NAME [Redacted] [Signature] 4/11/18 BE

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:



ASSOCIATED STUDENTS, INC.

THE ACTIVITIES AND OPINIONS PRESENTED ARE NOT
NECESSARILY THOSE OF ASSOCIATED STUDENTS, INC.




DENVER2018

Σ ABETACON

July 5-8th Marriott Tech Center



 **Add a Car** Products not confirmed until purchase.

No worries, your flight will remain in your cart while you search for a car.



Book now. Pay later!
From \$92.37*/day in
Denver

Hertz

[Book now](#)

*Taxes and fees excl. Terms apply.

PICK-UP LOCATION Denver, CO - DEN	PICK-UP DATE 7/05 Thu, Jul 5, 2018	PICK-UP TIME 11:00 AM
RETURN LOCATION Denver, CO - DEN	RETURN DATE 7/08 Sun, Jul 8, 2018	RETURN TIME 11:00 AM
RENTAL COMPANY (Optional) No preference	VEHICLE SIZE (Optional) No preference	

[Search](#)


TOTAL DUE NOW **\$1,394.75**

Log in for faster checkout	Continue
--	--------------------------

Not ready to buy yet? [Save this flight for later.](#)

* 1st and 2nd checked bags fly free. [Weight and size limits apply.](#)

By clicking 'Continue', you agree to accept the [fare rules](#) and want to continue with this purchase.

 Indicates external site which may or may not meet accessibility guidelines

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- 2 free checked bags
- Reusable funds
- No change fee
- EarlyBird eligible

\$775.70

Taxes & fees **\$229.40**

Flight total \$1,394.75

Icon legend

- WiFi available
- Live TV available
- EarlyBird Check-In[®]

Helpful Information:

- Please read the [fare rules](#) associated with this purchase.
- When booking with Rapid Rewards[®] points, your point balance may not immediately update in your account.

**Two bags for the price
of none* included.**

That's Transferency.[®]



*First and second checked bags. Weight and size limits apply.

BAG FEE **\$0.00**

SUBTOTAL **\$1,165.35**

TAXES & FEES **\$229.40**

TRIP TOTAL \$1,394.75

[Show price breakdown](#)

TOTAL DUE NOW \$1,394.75

Not ready to buy yet? [Save this flight for later.](#)

* 1st and 2nd checked bags fly free. [Weight and size limits apply.](#)

[Log in for faster checkout](#)

[Continue](#)

By clicking 'Continue', you agree to accept the [fare rules](#) and want to continue with this purchase.



Get \$200.00 statement credit

after first purchase.

Earn 10,000 Rapid Rewards[®] points

after you spend \$500 in your first 3 months.

[Learn more >](#)

YOU PAY TODAY **\$1,394.75**

CREDIT ON YOUR STATEMENT **-\$200.00**

TOTAL AFTER STATEMENT CREDIT \$1,194.75

JUL 5 - 8
✈ LAX → DEN

TOTAL
\$1,394.75 ✓

Trip & Price Details

Price Payment Confirmation

✈ Flight Modify Remove

\$1,394.75 ^

Departing 7/5/18 Thursday

Wanna Get Away \$389.65
(Adult x5)

DEPARTS **10:30** PM **LAX**
Los Angeles, CA - LAX

FLIGHT
2048 📶 + 📺

Nonstop

ARRIVES **1:45** AM **DEN**
Next Day Denver, CO - DEN

TRAVEL TIME
2hr 15min

Wanna Get Away

Earn 468 Rapid Rewards® points per Passenger, per one-way.

- 2 free checked bags
- Reusable funds
- No change fee
- EarlyBird eligible

SUBTOTAL
\$389.65

Returning 7/8/18 Sunday

Wanna Get Away \$775.70
(Adult x5)

DEPARTS **10:20** PM **DEN**
Denver, CO - DEN

FLIGHT
4093 📶 + 📺

Nonstop

ARRIVES **11:50** PM **LAX**
Los Angeles, CA - LAX

TRAVEL TIME
2hr 30min

Wanna Get Away

Earn 931 Rapid Rewards® points per Passenger, per one-way.

SUBTOTAL

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 & Betacon 2018 (Denver CO): Rafael Re
 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): 07/05/18 - 07/08/18

Activity Location(s): [REDACTED]

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.

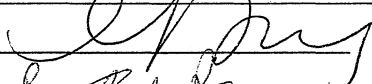
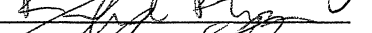
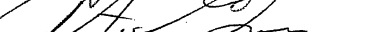
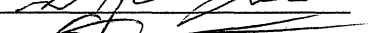

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

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
[REDACTED]		4-17-18
[REDACTED]		4-17-18
[REDACTED]		4-17-18
[REDACTED]		4/17/18
[REDACTED]		4/17/18
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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: _____
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). N/A
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).

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

NAME PHONE NUMBER

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PHONE NUMBER

RELATIONSHIP

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NAME

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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]
NAME PHONE NUMBER RELATIONSHIP

- Travel participant's parent and/or legal guardian's name and phone number (if different from above). [redacted] [redacted] [redacted]
PHONE NUMBER

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- 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.
[redacted] [redacted] [redacted] [redacted] [redacted]
NAME PHONE NUMBER

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NAME

- *Travel participant's name, home address and phone contact number.
[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
NAME HOME ADDRESS PHONE NUMBER

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NAME	PHONE NUMBER	RELATIONSHIP
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NAME

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[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
NAME HOME ADDRESS PHONE NUMBER

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[REDACTED]
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Please list: n/a

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