



Associated Students, Inc. 2018-19 Multiple Club

...For the Students, by the Students

Funding Request Form

Necessary Documents:

- Event Flyer w/ A.S.I. logo
- CSI Event Reg. Form
- Food Permit
- Event Estimates/Quotes
- Cosponsor Agreement Form

Contact

Officer Name: _____
 Officer Title: _____
 Address: _____
 City/State/Zip: _____
 Phone & Email: _____
 Officer Signature: _____

Lead Organization

Lead Club/Organization: Association for Computing Machinery
 Event Title: Movie Fundraiser
 Date(s) of Event: October 5th 2018
 Location of Event: Edwards Alhambra Theater \$3,530.60
 Exp. Total Attendance: 250 ~~254~~ %: _____ Amount: \$0.00
 Exp. Attendance of CSULA Students: _____

Will multiple clubs be splitting the cost? YES NO

Club/Organization B: American Society of Mechanical Engineers

Contact: Bryan Tan Nguyen %: 14.17 Amount: \$500

Club/Organization C: Society of Hispanic Engineering & Science Students

Contact: Alexis Rios %: 14.17 Amount: \$500

Event Description

Briefly describe the event: Movie fundraiser collaboration
between 4 engineering clubs

How will this program enhance the Cal State L.A. experience?:

Funds raised will go towards conference registration

and materials for projects

Is the event open to all Cal State L.A. students?: Yes

For Office Use Only • Do Not Write Below

Approved Amounts

Hospitality: _____ Proposal Number: _____
 Honorarium/ _____ RPP Deadline: _____
 Contracts: _____ Funds Expire: _____
 Marketing: _____ Recognized?: _____
 Other: _____ Date Approved: _____
 U-SU: _____ BOD / Finance
 Total: _____ Account: _____

Important: (1) All Funding Request Forms must be turned in by 12 PM Friday, the week before the Funding Sub-Committee Meetings. (2) Additionally all paperwork must be submitted no less than 10 business day (2 weeks) prior to the event. (3) Deadline for Request for Payment or Purchase Order (RPP) is 15 days after the event.

Total Cost Breakdown

Honoraria

Description	Amount

Marketing

Description	Amount

Hospitality

Description	Amount

Other

Description	Amount
Movie Theater rental	\$3,530.60

Event Summary

Total Cost of Event: \$3,530.60
 Amount Requested from A.S.I.: \$3,530.60
 Amount from other sources: \$0.00

What other resources are you employing for this event?

N/A

Multiple Club/Organization-COSPONSOR AGREEMENT FORM

Please submit this form with the Funding Request Form if the Event is hosted by multiple clubs. Only clubs recognized by CSI may be listed. All percentages must add up to 100%. If any of the stated percentages are not approved by a signature of the club's president, your Funding Request will be postponed until this form is completed.

Event Name	Movie Night Fundraiser	Event Date	10/5/2018
Event Total Cost	\$3,530.60	Amount Requested of A.S.I.	\$3,530.60

LEAD CLUB & ORGANIZATION:	Association for Computing Machinery	AGREED PERCENTAGE	Total Amount to be Awarded.
PRESIDENT'S NAME:	Wilson Thomas		
PRESIDENT'S EMAIL AND PHONE:	[REDACTED]	57.49	2,030.60
PRESIDENT'S SIGNATURE:	[REDACTED]		

CLUB & ORGANIZATION B:	American Society of Mechanical Engineers	AGREED PERCENTAGE	Total Amount to be Awarded.
PRESIDENT'S NAME:	Bryan Tan Nguyen		
PRESIDENT'S EMAIL AND PHONE:	[REDACTED]	14.17	500
PRESIDENT'S SIGNATURE:	[REDACTED]		

CLUB & ORGANIZATION C:	Society of Hispanic Engineering and Science Students	AGREED PERCENTAGE	Total Amount to be Awarded.
PRESIDENT'S NAME:	Alexis Rios		
PRESIDENT'S EMAIL AND PHONE:	[REDACTED]	14.17	500
PRESIDENT'S SIGNATURE:	[REDACTED]		

CLUB & ORGANIZATION D:	Society of Women Engineers	AGREED PERCENTAGE	Total Amount to be Awarded.
PRESIDENT'S NAME:	Aileen Han		
PRESIDENT'S EMAIL AND PHONE:	[REDACTED]	14.17	500
PRESIDENT'S SIGNATURE:	[REDACTED]		

CLUB & ORGANIZATION E:		AGREED PERCENTAGE	Total Amount to be Awarded.
PRESIDENT'S NAME:			
PRESIDENT'S EMAIL AND PHONE:		0%	\$0.00
PRESIDENT'S SIGNATURE:			

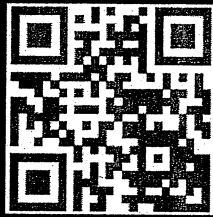
CLUB & ORGANIZATION F:		AGREED PERCENTAGE	Total Amount to be Awarded.
PRESIDENT'S NAME:			
PRESIDENT'S EMAIL AND PHONE:		0%	\$0.00
PRESIDENT'S SIGNATURE:			

Total Percentage: **100%**
 Total Amount to be Awarded: **\$3,530.60**

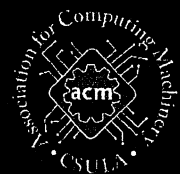
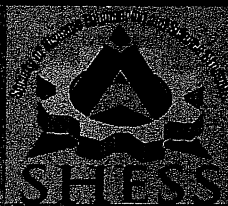
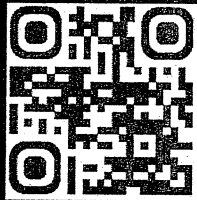
BRING YOUR FRIENDS AND FAMILY TO WATCH THE SCREENING OF

VENOM

MOVIE TRAILER



For more information on ticket vouchers visit:



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

Private Screening Confirmation



Booking ID:	Client Information:	Regal Group Sales Consultant:
	Association for Computing Machinery Wilson Thomas [REDACTED]	Andrew Smith 800-792-8244 andrew.w.smith@regalcinemas.com

Dear Wilson Thomas,

We want to thank you for organizing a Private Screening through Regal Entertainment Group's Corporate Box Office. We hope you and your guests enjoy the show! Below is important information regarding your Private Screening, so please review the details carefully, and contact me with any questions at my contact information above. Thanks again.

Respectfully,

Andrew Smith

Movie Title & Format of Film:

Venom will be shown in 2D

Screening Date:

10/05/2018

Theatre Location:

Alhambra Renaissance Stadium 14 & IMAX

1 East Main Street

Alhambra, CA 91801-3514

Screening Auditorium Number & Seat Count:

8 with 254 seats

Screening Time:

Auditorium Access Starts: 6:30pm

Movie Start Time: 7:00 pm









Access Ends: 9:45pm

Special Notes:

Payment:

You will be invoiced for the ticket portion of this screening. Please pay upon receipt of invoice per payment terms listed in the invoice.

Helpful Tips:

-  For movie trailers please visit www.regmovies.com.
-  Remember, your auditorium is ready for you 30 minutes before your screening time. Take advantage of that time to greet your guests and get ready for the show.
-  Make sure to print this confirmation and present it to the theatre box office or customer service desk upon arrival. The theatre has been notified of your screening and has all of the details mentioned above.
-  If you would like physical tickets prior to the screening date, you will need to print this confirmation and take it to the theatre box office or customer service desk. The theatre will be able to print actual tickets for your distribution. Plan accordingly; printing of tickets can take 5-10 minutes. Once tickets have been printed, they are no longer refundable.
-  Concessions! As a reminder concessions will need to be paid for at the theatre concessions stand on the day of the screening. Unfortunately, no outside food or beverage is permitted.
-  Unfortunately, there are no refunds on unused tickets.
-  Check in socially! We encourage you to “check in” on all social channels. If you are already following Regal Entertainment Group, thank you! If not, we’d love to have you join our social conversation.
-  Sit back, relax, and enjoy the show!

COMPLETED



STUDENT ORGANIZATION EVENT 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: Association for Computing Machinery PHONE: [REDACTED] DATE: 08/16/2018
 EVENT CONTACT NAME: [REDACTED] EMAIL: [REDACTED]
 NAME OF EVENT: Movie Night Fundraiser LOCATION: 1 East Main Street, Alhambra, CA 91801
 EVENT DATE: 10/05/2018 BEGIN TIME: 7:00 pm END TIME: 10:00 pm ESTIMATED ATTENDANCE: 250

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

PROCEEDS TO BENEFIT EDUCATIONAL PROGRAM SPIRITUAL PROGRAM RECREATIONAL PROGRAM
 DANCE/PARTY SOCIAL PROGRAM COMMUNITY SERVICE CONFERENCE/CONVENTION
 OTHER: [REDACTED] SPEAKER/PANEL

WILL YOUR EVENT INCLUDE ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)

SPORTS ACTIVITY OR COMPETITION BEACH/FORREST/PARK CLEAN-UP INTERNATIONAL TRAVEL
 BONFIRE INDOOR/OUTDOOR COOKING DOMESTIC TRAVEL
 AMPLIFIED SOUND ANIMALS

PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):

The movie will be at a theater Edwards Alhambra

HOW WILL YOU MARKET THIS EVENT? (CHECK ALL THAT APPLY)

PRINTED POSTCARDS PRINTED POSTERS/FLIERS SOCIAL MEDIA: facebook.com/calstatela.acm OTHER: [REDACTED]
INCLUDE SITE & HANDLE

WHO WILL BE 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 FEE, OR RAISE ANY PROCEEDS TO BENEFIT THE ORGAZNIZATION?

(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 [REDACTED]

WILL FOOD BE SERVED AT THE EVENT? NO YES

IF YES, WHO WILL PROVIDE THE FOOD? UNIVERSITY CATERING OTHER: [REDACTED]

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: [REDACTED] PLEASE LIST 2 TIPS and SVPT 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
CV 8/17/18

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.

Each person will be \$12 per ticket. Funds raised will go towards conference registrations and projects.

PRESIDENT: [Redacted] SIGNATURE: *[Signature]* DATE: 08/16/2018
 TREASURER: [Redacted] SIGNATURE: *[Signature]* DATE: 08/16/2018
 U-SU STUDENT ORGANIZATION ACCOUNT #: [Redacted] or APPROVED EXEMPT STATUS: CSI VERIFICATION

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 and two Sexual Violence Prevention & Resources Trained (SVPT) members to be in attendance of the entire event. Additional guidelines may be enforced.
- PUBLICITY:** All publicity material must comply with University Administrative Procedures AP P003 and AP P007. All printed marketing to be used for marketing registered events are required to be stamped by CSI prior to their approved posting. Stamps can be obtained after the event has been registered. All printed material may be posted for up to a period of fourteen (14) calendar days. For student organizations, the "POSTING VALID THRU____" stamp must be clearly visible on the face of the posting.
- 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: 08/16/2018
 ADVISOR'S NAME [Redacted] *[Signature]* DATE: 8/16/2018

ACKNOWLEDGMENT - FOR OFFICE USE ONLY

CENTER FOR STUDENT INVOLVEMENT (U-SU 204) SIGNATURE: *[Signature]* DATE: 8/17/18
 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: _____
 OTHER: _____ DATE: _____ U-SU BUSINESS OFFICE DATE: _____

NOTES OR UPDATES: (TIPS-CERTIFIED/SVPT TRAINED MEMBERS, SOCIAL MEDIA SITES/HANDLES, INVITED MEDIA, ADDITIONAL INFORMATION/REQUIREMENTS)