#### **Associated Students, Inc.** ■ Event Flyer w/ ASI Logo Funding Request Form CSI Event Reg. Form 2018-19 Estimates / Food Permits **Organization** Event Estimates / Invoices Club/Organization: Alpha Phi Omega ∡er Name: Event Title: Fall 2018 Banquet Officer Title: Semester Select One... Date(s) of Event:12/17/2018 Address Location of Event: Almansor Court City/State/Zip 110 Expected Total Attendance: \_\_\_\_\_ Phone & Email 90 Expected Attendance of Cal State LAStudents: Officer Signature **Event Description and Total Cost Breakdown** Is the event open to all Cal State LA students?: Select One... Briefly describe the event: How will this program enhance the Cal State LA experience?: An end of semester formal banquet to celebrate initiation and It will provide an oppurtunity for Cal State LA Students neophytes. to come together and celebrate their achievements in the organization of Alpha Phi Omega. Honoraria/Contracts **Hospitality Amount** Description Amount Description \$2,672.80 **Almansor Court** Other Marketing Amount **Description Amount** Description For Office Use Only • Do Not Write Below **Event Summary** \$2,672.80 Important: Total Cost of Event: (1) All Funding Request Forms must be turned in by 12 PM Friday, the week before the Funding Sub-Committee Meetings. \$2,700.00 Amount Requested from ASI: (2) Additionally, funding request forms must be turned in no less Amount from other sources: than 10 business days (2 weeks) prior to the event. (3) Deadline for Request for Payment or Purchase Order (RPP) is What other resources are you employing for this event? 15 days after the event. We plan on using money from fundrasing events to All forms must have a Time Stamp and cover the cost of decorations, invitations, and a staff initial: 5K otobooth 118 000 11 px2:41:91

**Necessary Documents:** 

# 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: Alphid Phi Omega PHONE PHONE
EVENT CONTACT NAME: EMAIL:
NAME OF EVENT: FOIL 118 BOYIGNET LOCATION: ALMONSOY COUYT
EVENT DATE: 12/17/18 BEGIN TIME: 6:00 P.M. END TIME: (1:30 P.M. ESTIMATED ATTENDANCE: 120
TYPE OF ACTIVITY (THE UNIVERSITY'S GENERAL RELEASE WILL BE REQUIRED FOR CERTAIN EVENTS.)  PROCEEDS TO BENEFIT
WILL YOUR EVENT INCLUDE ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)  SPORTS ACTIVITY OR COMPETITION BEACH/FOREST/PARK CLEAN-UP BONFIRE INDOOR/OUTDOOR COOKING AMPLIFIED SOUND ANIMALS  PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):
It will be a formal banquer for neophytes of Alpha Phi omega to celebrate their contributions and successes in the organization. There will be dinner provided and awards/certificates handed out to members.
HOW WILL YOU MARKET THIS EVENT? (CHECK ALL THAT APPLY)
PRINTED POSTCARDS PRINTED POSTERS/FLIERS SOCIAL MEDIA:  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 biweekly 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)
WILL A MOVIE BE SHOWN? 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: AIMONSOY COUNT
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.  C-G.:  PLEASE LIST 2 TIPS and SVPT 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? 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.

#### STATEMENT REGARDING PROCEEDS TO BENEFIT TRANSACTIONS

CG- SVPT

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.

Alumni	Price: \$25 1 inher chaph Lests	for active mi 次,表面(No	are fee ie envoers I v	esphytes. (late fee \$30 \$35)	
PRESIDENT:			SIG	NATURE:	DATE: 10/4/18
REASURER:			SIG	NATURE: Tipher / liter	DATE: 10/4/18
	ORGANIZATION ACC	OUNT #:		or APPROVED EX	KEMPT STATUS: CSI VERIFICATION
3-30 310DEI11					
EVENT G	UIDELINES				
The following	guidelines are provi	na auidelines mav	result in disciplin	organization. They are intended to ary action taken against the organ nd online in the Student Organizat	nization including suspension of
CONDUCT:	The organization assun	nes full responsibility fo	or the conduct of par	cicipants at the event. Any violation of Univ volvement or Student Conduct.	versity policy may subject the participants and/or
ALCOHOL:	alcoholic beverages Beverages form in ac	equires authorizatio Idition to this Event Insumption events ar exual Violence Preve	n from the Univers Registration Form. nd events held who	ity. Your organization must complete Please allow at least 3 weeks for this are alcohol is available (but will not be	pus) that involves the consumption of and submit a Request to Serve Alcoholic form to be reviewed by the University.  consumed) require at least two TiPS certified and and a consumed.
PUBLICITY:	marketing registered been registered. All	avents are required	to be stamped by be posted for up	CSI prior to their approved posting. So a period of fourteen (14) calendar d	07. All printed marketing to be used for Stamps can be obtained after the event has ays. For student organizations, the "POSTIN
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GENERAL RELEASE:	If your event will rea	uire the use of gener	al release waivers		est participation, your organization is required uested documents.
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♠ Reply all | ✓

Delete

Junk | ✓

Fwd: Alpha Phi Omega Banquet Location

#### ASI Vice President for Finance

Today, 11:09 AM

🎍 🖏 Reply all |∨

Inbox

Aaron Castaneda Associated Students, Inc. Vice President for Finance California State University, Los Angeles

>Sent from Android

From: Tapia, Amanda

Sent: Tuesday, October 30, 2018 4:51:05 PM

To: ASI Vice President for Finance

Cc: Florez, Dena

Subject: RE: Alpha Phi Omega Banquet Location

Hello Aaron,

Correct, they are approved to go off-campus.



Amanda Constantine (Tapia)
Event Sales & Catering Coordinator
Golden Eagle Hospitality
Cal State L.A. University Auxiliary Services Inc.
Phone: (323) 343-6770

Fax: (323) 343-6771

Email: ATapia 9@ calstatela.edu



\$ Reply all | ✓ 🛅 Delete Junk | ✓ 🚥



AVAILABLE NOW THROUGH DECEMBER 17TH\*

## Main Course

Whole Turkey (Approx. 13 lbs)

\$8,00/lb.

Sliced Roasted Turkey Breast with Gravy \$11.50/lb.

Spiral Cut Bone-In Honey Baked Ham \$11.50/lb.

Chicken Enchilada Pie

Half Pan \$60 (Serves 10)

Sides

Full Pan \$120 (Serves 25)

Mashed Potatoes & Gravy

\$8.00/lb.

**Country Stuffing** 

\$8.00/lb.

Fresh Buttered Green Beans

\$7.00/lb.

**Roasted Yams** 

\$7.00/Ib.

Cranberry Sauce

\$6.00/lb.

Potatoes Au Gratin

Half Pan \$45 (Serves 15)

Baked Macaroni & Cheese

Half Pan \$60 (Serves 15)

Full Pan \$120 (Serves 30)

Desserts

Assorted Holiday Pies

\$12.00 Each

Individually Packaged Holiday Meals: \$13.95 Per Person (10 People Minimum)

(Turkey, Mashed Potatoes w/ Gravy, Country Stuffing, Green Beans, and a Canned Drink)

Golden Eagle Hospitality

(323) 343-6770

GEH@calstatela.edu

**From:** ASI Vice President for Finance **Sent:** Tuesday, October 30, 2018 8:29 AM

To: Tapia, Amanda < ATapia 9@cslanet.calstatela.edu>

Cc: Florez, Dena <dflorez3@calstatela.edu>
Subject: Fw: Alpha Phi Omega Banquet Location

Hello Amanda.

Does this mean that UAS has approved for the club to be off-campus for there event since the Golden Eagle Ballrooms cannot host the event? Thank you.

♠ Reply all | ✓





#### **Aaron Castaneda**

Vice President for Finance **Associated Students, Inc.**California State University, Los Angeles
5154 State University Drive

<u>asivpf@calstatela.edu</u> | T: (323) 343-4778

From

**Sent:** Monday, October 29, 2018 1:19 PM

To: ASI Vice President for Finance

Subject: Fwd: Alpha Phi Omega Banquet Location

Sent from my iPhone

Begin forwarded message:

From: "Tapia, Amanda" < ATapia9@cslanet.calstatela.edu>

Date: October 24, 2018 at 11:59:37 AM PDT

To:

Subject: RE: Alpha Phi Omega Banquet Location

Hello

Hosting your event at Almansor Court due to them being at a better price is not sufficient enough to host your event off-campus. We are always working within a clubs budget.

Due to our Golden Eagle Ballrooms not being available we are unable to host your event.

In the future we would like the opportunity to host your event here on campus so please check with us first.

Let me know if you need anything else.

<image001.jpg>Amanda Constantine (Tapia)
Event Sales & Catering Coordinator

**Golden Eagle Hospitality** 

Cal State L.A. University Auxiliary Services Inc.

Phone: (323) 343-6770 Fax: (323) 343-6771

Email:<u>ATapia9@calstatela.edu</u> <image002.png> <image003.jpg> 
 ♣ Reply all | ✓
 Image: Delete Junk | ✓

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From: Sent:

**To:** Tapia, Amanda < <u>ATapia9@cslanet.calstatela.edu</u>>

Subject: Alpha Phi Omega Banquet Location

Good evening Amanda,

We are the Membership Vice Presidents of the organization Alpha Phi Omega and we wanted to notify you that we are having our banquet at Almansor Court. They are catering our food as well. We are hosting our banquet at Almansor Court because we got a better price from them. If you have any questions, please let us know. Thank you!

Sincerely,

YOU ARE COORDIALLY INVITED TO

Alpha Phi Omeg LAMBDA MUCHAPTER FALL 2018 BANQUET

DECEMBER 17, 2018 | 6PM-11:30PM ALMANSOR COURT 700 S ALMANSOR ST. ALHAMBRA, CA 91801 ATTIRE: BLACK/WHITE/GOLD FORMAL

ASSOCIATED STUDENTS, INC., IN A CHEEL IS AND AND ALD A CHEEL IS AND AND ALD A CHEEL AS A REPORT OF A CHEEL AND A CHEEL AS A CHEEL AS

YOU ARE COORDIALLY INVITED TO

Alpha Phi Omeg IAMBDA MUCHAPTER FALL 2018 BANQUET

DECEMBER 17, 2018 | 6PM-11:30PM
ALMANSOR COURT
700 S ALMANSOR ST. ALHAMBRA, CA 91801
ATTIRE: BLACK/WHITE/GOLD FORMAL

ALE ASSOCIATED STUDENTS, INC

## **Almansor Court**

700 S. Almansor St. Alhambra, Ca. 91801

Phone: 626-570-4600 Ext:1409 Fax: 626-570-0268

#### **Estimate**

#	Food	Price	Total
100	Plated Dinner	20.00	2,000.00
			0.00
			0.00
	Total Food		2,000.00

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**Date of Event:** 

#	Beverages	Price	Total
			0.00
			0.00
	Total Beverages		0.00

#	Mis.	Price	Total
			0.00
			0.00
			0.00

Subtotal	2,000.00
20% Hospitality Fee	400.00
2% Environmental Fee	40.00
Subtotal	2,440.00
9.50% Sales Tax	231.80
TOTAL	2,671.80

Prepared on by

This is an estimate only for comparison purposes. This estimate does not constitute a contract nor is this estimate automatically part of your contract or "order". All details are to be reviewed from A - Z (except final guarantee of attendance) with the Catering Management Staff at least four weeks prior to your event. A formal Banquet Event Order will then be created from that discussion and submitted for your review and signature.

## **CUSTOM SCHOOL MENU**

#### PLATED: \$20.00 +++ (\$26.72 INCLUSIVE)

Included with the Meal is Chef's Selection of Rice or Potato, Seasonal Vegetable, Dinner Rolls & Lemonade

#### Plated:

Salad:

Garden Green Salad with Two Choices of Dressing

Entrée: (Chose One)

Chicken Teriyaki

Top Sirloin Roast Beef

Chef's Fresh Fish Selection

Dessert: (Choose One)

Ice Cream (choice of chocolate or vanilla)

Chocolate or Vanilla Cake

## BUFFET: \$26.00 +++ (\$34.73 INCLUSIVE)

## **Buffet One:**

Salads: Garden Green Salad with Two Dressing & Caesar Salad

Entrée: Spaghetti with Meat Sauce & Vegetarian Lasagna

Accompaniments: Roasted Vegetables & Garlic Bread

Dessert: Chocolate & Vanilla Cake

Beverage: Iced Water and Lemonade

### **Buffet Two:**

Salads: Garden Green Salad with Two Dressing & Corn Salad

Entrée: Chicken Fajitas & Cheese Enchiladas Beverage: Iced Water and Lemonade

Accompaniments: Spanish Rice, Refried Beans and Tortillas

Dessert: Chocolate & Vanilla Cake

Beverage: Iced Water and Lemonade

#### THIS DOCUMENT HAS A TRUE WATERMARK AND VISIBLE FIBERS DISCERNIBLE FROM BOTH SIDES



#### CITY OF ALHAMBRA **BUSINESS LICENSE CERTIFICATE** 111 SOUTH FIRST STREET

P.O. BOX 351 ALHAMBRA, CALIFORNIA 91802 The person, firm or corporation named below is granted the business certificate pursuant to the provision of the Alhambra Municipal Code to engage in, carry on, or conduct the business, trade, calling, profession, exhibition or occupiation described below' issuance of certificate is not an endorsement, nor certification of compliance with other ordinances or laws. NON TRANSFERABLE OR ASSIGNABLE

LICENSE NUMBER

15904

BUSINESS DESCRIPTION ENTERTAINMENT - NIGHTCLUB, DJ / LIVE BAND

PRIMARY CONTACT DAVID PERRIN

BUSINESS LOCATION 700 S ALMANSOR ST

ALHAMBRA, CA 91801-4552

**EXPIRATION** 12/31/2018

BUSINESS NAME ALMANSOR COURT INC

ATTN: ALMANSOR COURT INC

MAILING 700 S ALMANSOR ST

ADDRESS ALHAMBRA, CA 91801-4552

POST IN CONSPICUOUS PLACE



#### CITY OF ALHAMBRA **BUSINESS LICENSE CERTIFICATE** 111 SOUTH FIRST STREET

P.O. BOX 351

ALHAMBRA, CALIFORNIA 91802

BUSINESS DESCRIPTION DANCE PERMIT

PRIMARY CONTACT DAVID PERRIN

BUSINESS LOCATION 700 S ALMANSOR ST ALHAMBRA, CA 91801-4552

The person, firm or corporation named below is granted the business certificate pursuant to the provision of the Alhambra Municipal Code to engage in, carry on, or conduct the business, trade, calling, profession, exhibition or occupation described below. Issuance of certificate is not an endorsement, nor certification of compliance with other ordinances or laws.

LICENSE NUMBER NON TRANSFERABLE OR ASSIGNABLE

> **EXPIRATION** 12/31/2018

15905

BUSINESS NAME ALMANSOR COURT INC

ATTN: ALMANSOR COURT INC

MAILING 700 S ALMANSOR ST

ADDRESS ALHAMBRA, CA 91801-4552

POST IN CONSPICUOUS PLACE

HIS DOCUMENT IS ALTERATION PROTECTED AND REFLECTS FLUORESCENT FIBERS UNDER UV



Jeffrey D. Gunzenhauser, M.D., M.P.H. Interim Health Officer

PR0004555 PR Number:

ALMANSOR COURT BANQUET HALL Program ID: RESTAURANT (151 + ) SEATS HIGH RISK Description:

Facility Owner - Mail Address ALMANSOR COURT INC 700 S ALMANSOR ST ALHAMBRA, CA 91801

FY 2018/2019

Valid Until 6/30/2019

THIS PERMIT MUST BE CONSPICUOUSLY DISPLAYED ON THE PREMISES **Public Health Permit** 

> **Facility Location** ALMANSOR COURT BANQUET

HALL 700 S ALMANSOR ST ALHAMBRA, CA 91801



COUNTY OF LOS ANGELES blic Health

> Jeffrey D. Gunzenhauser, M.D., M.P.H. Interim Health Officer

PR Number: PR0045473 BIRDIE'S Program ID:

RESTAURANT (31-60) SEATS HIGH RISK Description:

Facility Owner - Mail Address ALMANSOR COURT INC 700 S ALMANSOR ST ALHAMBRA, CA 91801

**Public Health Permit** FY 2018/2019 Valid Until 6/30/2019

THIS PERMIT MUST BE CONSPICUOUSLY DISPLAYED ON THE PREMISES

**Facility Location** BIRDIE'S 700 S ALMANSOR ST ALHAMBRA, CA 91801

