Associated Students, Inc. Funding Request Form

2018-19			Estimates / Food Permits
Contact		Organization	Event Estimates / Invoices
Officer Name:		Club/Organization: Association for Comp	
Officer Title:		Event Title: Captain Marvel Movie Fu	undraiser
Address:		Date(s) of Event3/8	Semester Select One.
City/State/Zip:		Location of Event: 1 E Main St, Alhambra,	CA 91801
Phone & Email:		Expected Total Attendance:	
Officer Signature: Duyoflocu		Expected Attendance of Cal State LAStud	lents:99
Event D	escription ar	nd Total Cost Breakdown	
Briefly describe the event:		Is the event open to all Cal State LA stud	ents?: Select One
This event will be used to fund our events in	n the spring and	How will this program enhance the Cal St	
have more financial help so we can continu	e our workshops.	This will help people who are inter science to collaborate with others connections.	
Hospitality	-	Honoraria/Contracts	
Description	l Amount	Description	I Amount
Movie Tickets (115)	\$1,035.00		
Marketing		Other	
Description	Amount	Description	Amount
	· · ·		·
Event Summary	V	For Office Use Only • Do No	ot Write Below
Total Cost of Event:	\$1,035.00	Important:	
Amount Requested from ASI:	\$1,035.00	(1) All Funding Request Forms must be turn Friday, the week before the Funding Sub	
		(2) Additionally, funding request forms must	be turned in no less
Amount from other sources:		than 10 business days (2 weeks) prior to a (3) Deadline for Request for Payment or Pu	
What other resources are you employing	ng for this event?	15 days after the event.	ichase Order (INFF) is
		All forms must have a Time Stamp and staff initial:	

Necessary Documents:

☐ Event Flyer w/ ASI Logo

☐ CSI Event Reg. Form

COMPLEIL

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: DATE: 1/30/2019
EVENT CONTACT NAME: EMAIL:
NAME OF EVENT: Captain Marvel Movie Fundraiser LOCATION: 1 E Main St, Alhambra, CA 91801
EVENT DATE: 3/8 BEGIN TIME: 7:00 PM END TIME: 11:00 PM ESTIMATED ATTENDANCE: 99
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):
A social event that will include watching a movie with all the people who contributed to our fundraiser.
HOW WILL YOU MARKET THIS EVENT? (CHECK ALL THAT APPLY)
PRINTED POSTCARDS PRINTED POSTERS/FLIERS SOCIAL MEDIA: acm.calstatela.edu OTHER:
WHO WILL BE INVITED? (CHECK ALL THAT APPLY):
The state of the s
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. VNO, 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 VES (If yes, please attach written proof of viewing rights.)
WILL THE EVENT HAVE SECURITY? VNO YES If yes, please explain
WILL FOOD BE SERVED AT THE EVENT? NO Y YES
IF YES, WHO WILL PROVIDE THE FOOD? UNIVERSITY CATERING OTHER: Snack Bar
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? VES Initials
If so, please affirm organization members and guests will not consume alcohol. D.F. PLEASE LIST 2 TIPS and SVPT TRAINED MEMBERS ON PAGE 2.
WILL OFF-CAMPUS MEDIA BE NOTIFIED ABOUT THE EVENT (NEWSPAPER, TV, RADIO, ETC.)? NO WILL BE INVITED ON PAGE 2.
DOES THE STUDENT ORGANIZATION WANT TO PURCHASE SPECIAL EVENT INSURANCE FOR THIS EVENT? VIOLENTERS 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 even

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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.

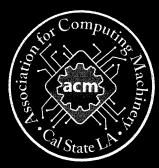
We will be s	selling the youchers	for \$12.00 and all procee	ds will be to be	nefit to organization	and grid for	any or triese proceeds.
				5		
PRESIDENT	Г-			2		1975 1975
TREASURE				GNATURE:	2	DATE: 1/30/2019
U-SU STUDEN	IT ORGANIZATION A	CCOUNT #:	3	GNATURE: Savid	Can	DATE: 1/30/2019
				or	APPROVED EXEMPT	STATUS: CSI VERIFICATION
EVENT G	SUIDELINES					
The following to comply w	g guidelines are provith any of the follo	ovided for the benefit of wing guidelines may refacilities. More informations of the contract	of the student sult in disciplin	organization. They are a	intended to be foll st the organization	owed completely. Failure nincluding suspension of
CONDUCT:	ine organization as	sumes full responsibility for the disciplinary action by the Cer	he conduct of pai	ticipants at the event Annual	talan comme	ndbook. Dlicy may subject the participants and/or
ALCOHOL:	In accordance with alcoholic beverage Beverages form in Approved alcohol (Administrative Procedure is requires authorization fr addition to this Event Reg consumption events and a Sexual Violence Preventio	e 019 - Alcoholi rom the Univers gistration Form.	c Beverages, any event (c ity. Your organization mus Please allow at least 3 we	on or off campus) tha st complete and sub eeks for this form to	t involves the consumption of mit a Request to Serve Alcoholic be reviewed by the University. led) require at least two TiPS certified of the entire event. Additional
PUBLICITY:	been registered. All	al must comply with Unive d events are required to b printed material may be stamp must be clearly visib	ported for up to	sor prior to trien approved	and AP P007. All pr d posting. Stamps ca calendar days. For s	inted marketing to be used for an be obtained after the event has tudent organizations, the "POSTING
GENERAL RELEASE:	If your event will red	quire the use of general re estructions provided by CS	lease waivers o	ior to organization	per and guest particip	pation, your organization is required
MY SIGNATUR	SE DEFOM INDICALE	S THAT I WILL TAKE DES	DONGIDII ITV T	TAICHE THE TOTAL		
FOLLOW ALL	GUIDELINES SET FO	ORTH BY THE UNIVERSIT	Y. I ACKNOWLE	DGE THAT THIS EVENT	AND ANY ASSOCIAT	ANIZATION IS SPONSORING WILL EVENT SPACE RESERVATIONS
	RG. OFFICER'S NA		WILLIAM ON S RE	COGNITION STATUS.		- TOTAL RESERVATIONS
O.ODEN O	TO THE PICER S NA	MME	SIGNATUR	E (PLEASE USE BLUE OR B	LACK INK ONLY)	DATE:
ADVISOR'S	NAME		1 Week	P) local		2/1/2019
			Ra	Pamuja		2/1/2019
166166611111111111111111111111111111111	minima ACI	(NOWLEDGM	ENT - FO	OR OFFICE US	E ONLY	
CENTER F	OR STUDENT INV	OLVEMENT (U-SU 20	4) /	SIGNATURE		DATE:
CSI VERIFIE	S THE ORG. IS RECO	GNIZED BY THE UNIVER	SITY	wo		2-1-19
ASSISTANT	F DEAN OF STUDE	ENTS: WELLNESS & EI	NGAGEMENT			
		D FOR ALL PARTICIPA		4.4	•	
NOTIFICA			MISE NO	YES DATE REQ	UIRED:	
<u> </u>	AFFAIRE	DATE		ATHLETICS	DAT	Carlo Ca
PUBLIC	AFFAIRS	DATE:	***************************************		DA.	E:
	F PUBLIC SAFETY	DATE:				
DEPT. O	F PUBLIC SAFETY	DATE.		FACILITIES USE COORI	DINATOR DATE	: :



ACM MOVIE FUNDRAISER

FRI. MARCH 8. | 6:30PM
ALHAMBRA RENAISSANCE
STADIUM 14 AND IMAX

Bring your family and friends to watch this special screening!



www.acm.calstatela.edu



are purchasable from Cashier's Window 6 @ Cal State LA

Ticket Type	Price
Regal/United Artists/Edwards (2 Tickets, \$10 Snack Card)	\$27.00
Regal/United Artists/Edwards Single Premiere Ticket	- \$9.00
AMC Theaters Single Ticket	\$10.75
AMC Theaters Bundle Ticket (2-tickets, 1-soda, 1 popcorn)	\$30.00