Necessary Documents:

Event Flyer w/ ASI Logo

ASSociated Students, Inc. Funding Request Form

CSI Event Reg. Form ..For the Students, by the Students! 2018-19 Estimates / Food Permits Organization Contact ■ Event Estimates / Invoices Club/Organization: Society of Women Engineers Officer Name Event Title: Pi Day Fundraiser Officer Title Semester Select One... Date(s) of Event:3/14/19 Address Location of Event: In Front of King Hall City/State/Zip 30-40 Phone & Email Expected Total Attendance: ___ 30-40 Officer Signatur Expected Attendance of Cal State LAStudents: **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?: We will be selling pies and pizza to fund-raise for our lorganization It will give CSULA students the opportunity to support organizations that encourage women in STEM fields **Honoraria/Contracts** Hospitality Description Amount Description Amount 9 costco pizza \$100.00 10 costco pies \$140.00 Marketing Other Description **Amount** Description Amount For Office Use Only • Do Not Write Below **Event Summary** \$240.00 Important: Total Cost of Event: (1) All Funding Request Forms must be turned in by 12 PM \$240.00 Amount Requested from ASI: Friday, the week before the Funding Sub-Committee Meetings. (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. All forms must have a Time Stamp and 15760 IDAN 10:08:23 staff initial: 119 FEB 15 AM10:08:25 DON

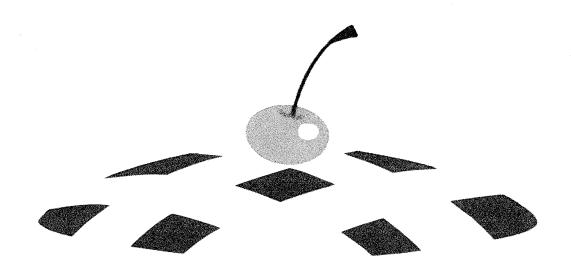


Date: March 14

Location:

Time:11:00 am-3:00 pm

In front of King Hall







STUDENT ORGANIZATION EVENT REGISTRATION FORM:

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





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:	Soure Eg. 104-	Werner Engineers	PHONE:	DATE: 0/11/0
EVENT CONTACT NAME:			EMAIL:	
NAME OF EVENT:	Days Fundimiser		LOCATION: M For	= of knog Hall
EVENT DATE: 3/14/7019	BEGIN TIME: A ha	END TIME: 3 pm	ESTIMATED ATTEND	DANCE: 30-40
TYPE OF ACTIVITY (THE UNIVERSE OF ACTIVITY) PROCEEDS TO BENEFIT DANCE/PARTY OTHER:	/ERSITY'S GENERAL RELEASE DEDUCATIONAL PROG SOCIAL PROGRAM		OGRAM RECREATI	ONAL PROGRAM NCE/CONVENTION
WILL YOUR EVENT INCLUD SPORTS ACTIVITY OR CO BONFIRE AMPLIFIED SOUND PLEASE DESCRIBE THE EVE	OMPETITION BEACH INDOC	/FOREST/PARK CLEAN-UP DR/OUTDOOR COOKING LS	T APPLY) INTERNATION DOMESTIC TRA	
We' will be		a 4 pres to	celebrate p) day and
HOW WILL YOU MARKET T	THIS EVENT? (CHECK ALL	THAT APPLY)		OTHER.
PRINTED POSTCARDS	JPRINTED POSTERS/FLIERS [SOCIAL MEDIA: INSTAGI	ario eswecalcufela	OTHER:
WHO WILL BE INVITED? (C		IUNITY OTHER COLL	EGES & UNIV. GENE	RAL PUBLIC GUEST LIST
Events intended for the		us will be listed in the Stude	nt Organization Calendar of	FEVENTS distributed in a bi - MY EVENT TO BE POSTED.
WILL THE EVENT HAVE AN AI (If yes, please complete state	OMISSION CHARGE, REGISTR ement regarding proceeds to	ATION FEE, OR RAISE ANY PR	OCEEDS TO BENEFIT THE OR	GAZNIZATION?
WILL A MOVIE BE SHOWN?	P NO YES (If yes,)	olease attach written proof o	f viewing rights.)	
WILL THE EVENT HAVE SE	CURITY? NO DYE	S If yes, please explain		
	VIDE THE FOOD? UNIVER	YES SITY CATERING TOTHER Ampus events with food unle		Iniversity Catering.
WILL ALCOHOL BE PRESE	NT AT THE EVENT? NC	YES. Please attach a	completed request to serv	re alcoholic beverages. ew and possible approval.)
If so, please WILL OFF-CAMPUS MEDI DOES THE STUDENT ORGA	e affirm organization men A BE NOTIFIED ABOUT TH ANIZATION WANT TO PUR	ERE ALCOHOL IS AVAILABLE? The shad guests will not c E EVENT (NEWSPAPER, TV CHASE SPECIAL EVENT INS	NO YES Initial YES	PLEASE LIST 2 TIPS and SVPT TRAINED MEMBERS ON PAGE 2. YES, PLEASE PROVIDE WHO WILL BE INVITED ON PAGE 2. NO YES
Please be aware that stud	ent organization events are	not covered for liability or o	other insurance by California	State University, Los Angeles or udent organization would like to



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	ziling przza	s for	\$ 2.1/2	slice and	d pie	s fee
a de	5/piece						
PRESIDENT:			SIGNAT	URE:			DATE: 2/17/19
TREASURER	Harden processes see a self-	25/25 cc/85 nones	SIGNAT	URE:			DATE:
U-SU STUDENT	ORGANIZATION AC	COUNT #:		or	APPROVED EXE	EMPT STATUS: CS	I VERIFICATION
	UIDELINES						
to comply wi	th any of the follow	vided for the benefit of th ving guidelines may result acilities. More information	in disciplinary	action taken	against the organiz	ration including	pletely. Failure suspension of
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:		quire the use of general relea structions provided by CSI, i					
FOLLOW AL	L GUIDELINES SET F	S THAT I WILL TAKE RESPO ORTH BY THE UNIVERSITY. ION BASED ON MY ORGAN	I ACKNOWLEDG	SE THAT THIS SGNITION STA	EVENT AND ANY ASS TUS.	SOCIATED EVEN	
	ORG. OFFICER'S NA	AME	SIGNATURE !	1	LUE OR BLACK INK ONL		11/2019
ADVISOR'S	NAME		Dil	oral	<u>(L)~</u>	201	9/02/13.
CENTER	FOR STUDENT IN	KNOWLEDGME VOLVEMENT (U-SU 204 OGNIZED BY THE UNIVERS	, /	R OFFIC			MATE: 19
			· *	7 T			
		ENTS: WELLNESS & EN		<i>V</i>			
GENERAL	. RELEASE REQUIR	ED FOR ALL PARTICIPAN	nts; ∐ NO	YES DA	TE REQUIRED:		
NOTIFIC	ATIONS:						
PUBL	IC AFFAIRS	DATE:		ATHLETICS .	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	DATE:	
DEPT	OF PUBLIC SAFETY	DATE:		FACILITIES	USE COORDINATOR	DATE:	
Отн	R	DATE:		U-SU BUSIN	IESS OFFICE	DATE:	
NOTES OR	UPDATES: (TIPS-CERTIFIEI	O/SVPT TRAINED MEMBERS, SOC	IAL MEDIA SITES/H	ANDLES, INVITE	MEDIA, ADDITIONAL IN	IFORMATION/REQU	JIREMENTS)

CALIFORNIA STATE UNIVERSITY, LOS ANGELES TEMPORARY FOOD FACILITY PERMIT



Clear Form

Date of Event: 3/14/2019	Estimated Attendance: 30-40
Name of Event: P1 Fundraiser	
Type of Event: Fundraiser	Location: In front of king Hall
Sponsoring Organization: Soulty of Women	Engineers.
Authorized Representative:	Phone: Fax: NA
Time:	
Access Time: a.m./p.m. to a	a.m./p.m.
Event Time:	a.m./p.m.
Type of Food Service:	
Bake Sale Snacks Food Sale Barbecue Potluck Other (descri	Catering (Provide caterer's complete name and address in space above this box; see Paragraph 6.2(e) in Temporary Food Facility Guidelines for further instructions.)
Describe Other:	
List <u>all</u> food and potentially hazardous food (see Temporary Fooingredients), use back of page if necessary. Pizza, Pie	od Facility Guidelines for definition) items to be sold/served (include
Where will this food be prepared or purchased [Note no Home I	Baked/Cooked Items are Allowed]? <u>Co5+co</u>
2207 W commonwealth Ave	Alhambra CA 91803
List all beverages to be sold/served: NA	
Where will beverages be prepared or purchased? NA	·
Method/s of maintaining proper holding temperatures for potent	ially hazardous food/s during transportation and service:
Car	
handling orientation (offered at the beginning of Fall and Spring	on campus, the Sponsoring Organization shall have attended a food g quarters), agrees to read, understand, and comply with the CSLA rvice. Failure to comply with the rules may result in the loss of food nary action.
coverage from the Associated Students, Inc. (ASI) at least two v	Sponsoring Student Organization agrees to obtain proper insurance weeks prior to the event date and ASI agrees to include the Sponsoring imporary Food Permit will not be approved unless accompanied by a
Services for any food or beverage the sponsoring organization	Los Angeles, University-Student Union, or University Auxiliary on provides to the campus community. This permit should be s and approvals; otherwise there is no guarantee of completion by the
All signatures shall be obtained in the following order. Stud	ent organizations need all signatures; other organizations 1, 3 and 4 only
	Britanha
1. Signature of Sponsoring Organization Chairperson	Authorized Representative to be present at event
\mathcal{M}	2/12/19
2. Center for Student Involvement (UU 204) (Student Organiza	tions Only) Date
Annia	2/12/19
3. University Auxiliary Services, Inc. (Golden Eagle Bldg 314)	Date
in All I	19-152 2113/19
4 Environmental Health & Safety (Cornerate Vard Ridg. 244)	Parmit No. Date



