#### Associated Students, Inc. **Necessary Documents:** ■ Event Flyer w/ ASI Logo **L**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: Child Development Association Officer Name: Event Title: End of Year Celebration Officer Title: Date(s) of Event: 05/09/2019 Semester Spring Address: Location of Event: Golden Eagle Ballroom City/State/Zip: 250 Phone & Email: Expected Total Attendance: Officer Signature: 200 Expected Attendance of Cal State LAStudents: Event Description and Total Cost Breakdown Is the event open to all Cal State LA students?: Yes Briefly describe the event: How will this program enhance the Cal State LA experience?: CDA end of year event, distribution of medals and recognition certificate, open to CDA members and family members, Cal Annual event that recognises the merit of members State LA students and Faculty and their commitment to child development and to the Cal State LA spirit Hospitality Honoraria/Contracts Description Description Amount Amount BEO (attached) Food \$2,044.72 N/A **Beverages** \$140.93 Equipment \$386.10 Marketing Other Description **Amount** Description **Amount** Instagram messages \$1,945.98 \$0.00 Medals Qty 200 @ \$8.54+tax + S/H Emails and emailed flyers \$0.00 Plaques Qty 10 @ \$14.45 + tax + S/H \$164.63 **Event Summary** For Office Use Only • Do Not Write Below \$4,682.36 Important: **Total Cost of Event:** (1) All Funding Request Forms must be turned in by 12 PM \$3,000.00 Amount Requested from ASI: Friday, the week before the Funding Sub-Committee Meetings. (2) Additionally, funding request forms must be turned in no less \$1,682.36 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. Fundraising throughout the year All forms must have a Time Stamp and staff initial: 415 MART 4411/755102

# 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: Child Development Association - CDA  PHONE: DATE: 02/28/2019
EVENT CONTACT NAME: EMAIL: EMAIL:
NAME OF EVENT: End of Year Celebration LOCATION: Golden Eagle Ballroom 1-2
EVENT DATE: 05/09/2019 BEGIN TIME: 5:00 pm END TIME: 8:00 pm ESTIMATED ATTENDANCE: 250
TYPE OF ACTIVITY (THE UNIVERSITY'S GENERAL RELEASE WILL BE REQUIRED FOR CERTAIN EVENTS.)  BENEFITS TO PROCEED
SPORTS ACTIVITY OR COMPETITION FOREST/PARK CLEAN-UP INTERNATIONAL TRAVEL  BEACH CLEAN-UP INDOOR/OUTDOOR COOKING DOMESTIC TRAVEL
BEACH BONFIRE AMPLIFIED SOUND ANIMALS  PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):
Members' meeting and end of year celebration with members' parents/friends  Food / beverages / medals and certificates distribution  HOW WILL YOU MARKET THIS EVENT? (CHECK ALL THAT APPLY)  SOCIAL MEDIA PRINTED POSTCARDS PRINTED POSTERS/FLIERS OTHER:
WHO IS INVITED (CHECK ALL THAT APPLY):
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.  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.
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  PLEASE LIST 2 TIPS TRAINE
If so, please affirm organization members and guests will not consume alcohol.  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.
THE STUDENT ORGANIZATION WANT TO PURCHASE SPECIAL EVENT INSURANCE FOR THIS EVENT? NO YES
e that student organization events are not covered for the Cov

#### 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 3141/07 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.

PRESIDENT TREASURER				ATURE:	5	~6	DATE: 3/11/9
-,-	T ORGANIZATION AC	COUNT #:			PPROVED EXEM	MPT STATUS: CSI	
EVENT G	UIDELINES						
to comply w	ith any of the followi	ided for the benefit of ing guidelines may res cilities. More information	ult in disciplinar	y action taken agains	t the organiza	ation including	
CONDUCT:	-	sumes full responsibility I/or the organization to					
ALCOHOL:	consumption of all submit a Request 3 weeks for this fo alcohol is available	n Administrative Proce coholic beverages req to Serve Alcoholic Be rm to be reviewed by a (but will not be const tional guidelines may b	uires authoriza verages form ir the University. umed) require	tion from the Univers addition to this Ever Approved alcohol co	ity. Your orga nt Registration nsumption ev	nization must n Form. Please vents and even	complete and allow at least its held where
PUBLICITY:	All publicity materio	al must comply with Uni	iversity Administr	ative Procedures AP (	P003 and API	P007.	
GENERAL RELEASE:		equire the use of gener uired to comply with a ents.					· · · · · · · · · · · · · · · · · · ·
MAY BE SUB	JECT TO CANCELLATION OFFICER'S NAI	RTH BY THE UNIVERSIT ON BASED ON MY ORGA ME	ANIZATION'S REC				11/19
CENTER CSI VERIF	FOR STUDENT INV	NOWLEDGM OLVEMENT (U-SU 20 GNIZED BY THE UNIVE	94) RSITY	SIGNATURE	SE ONLY		пининининининининининининининин 3/1/19
		ENTS: WELLNESS & E			***************************************	***************************************	
GENERAL	. RELEASE REQUIRE	D FOR ALL PARTICIPA	ANTS? NO	YES DATE REG	WRED:	******************************	
NOTIFIC	ATIONS:				in the second		
PUBL	IC AFFAIRS	DATE:	***************************************	ATHLETICS		DATE:	
DEPT.	OF PUBLIC SAFETY	DATE:	·····	FACILITIES USE COO	RDINATOR	DATE:	
OTHE	R:	DATE:	***************************************	U-SU BUSINESS OFFIC	CE	DATE:	
NOTES OR	UPDATES: (TIPS-TRAINED M	EMBERS, INVITED MEDIA, AL	DDITTONAL INFORM	ATION/REQUIREMENTS)			
C	Lident	adiasor in	19, 6	L . i. 00)	odata	Alpo.	, , , , , , , , , , , , , , , , , , , ,

### STUDENT ORGANIZATION

## **EVENT REGISTRATION FORM**





Updated 08.01.08 | Page 1 of 2

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: Child Developme	nt Association - CDA	PHONE:	<b>DATE:</b> 02/28/2019
EVENT CONTACT NAME:		EMAIL:	
NAME OF EVENT: End of Year Celebration		LOCATION: Golden Eagle E	allroom 1-2
EVENT DATE: 05/09/2019 BEGIN TIME: 5	5:00 pm END TIME: 8:00 pm	ESTIMATED ATTENDA	ANCE: 250
TYPE OF ACTIVITY (THE UNIVERSITY'S GENERAL BENEFITS TO PROCEED DUCATION DANCE/PARTY SOCIAL PROCEED OTHER:	NAL PROGRAM SPIRITUAL PRO	GRAM RECREATION CONFERENCE	NAL-PROGRAM CE/CONVENTION
WILL YOUR EVENT INCLUDE ANY OF THE	FOLLOWING? (PLEASE CHECK ALL THAT	APPLY)	
SPORTS ACTIVITY OR COMPETITION  BEACH CLEAN-UP  BEACH BONFIRE  PLEASE DESCRIBE THE EVENT BELOW (INC	FOREST/PARK CLEAN-UP INDOOR/OUTDOOR COOKING AMPLIFIED SOUND CLUDE ALL ACTIVITIES):	☐INTERNATIONAL ☐DOMESTIC TRAV	
Members' meeting and end of year celebration w Food / beverages / medals and certificates distrib			
HOW WILL YOU MARKET THIS EVENT? (CHECK ALL			
WHO IS INVITED (CHECK ALL THAT APPLY):  STUDENT ORG. MEMBERS CAL STA	TE LA COMMUNITY OTHER COLL	rendrament ver reme er ramanen et verrendeten en ramanen er remen er fillen at. Aber	
Events intended for the general Cal State weekly email by the Center for Student li	<b></b>	NO, I DO NOT WISH FOR M	
WILL THE EVENT HAVE AN ADMISSION CH. ORGANIZATION? (If yes, please complete sta	ARGE, REGISTRATION, PARTICIPATION atement regarding proceeds to benefit tr	I FEE, OR RAISE ANY PROCI	EEDS TO BENEFIT THE form) NO. YES
WILL A MOVIE BE SHOWN? NO YE	ES (If yes, please attach written proof of v	viewing rights.)	
WILL THE EVENT HAVE SECURITY?	O YES If yes, please explain	्राम्याची । स्वास्त्रीची स्वासी	
WILL FOOD BE SERVED AT THE EVENT?	NO YES  OUNIVERSITY CATERING OTHER:		
ij	or all on-campus events with food unless		versity Catering.
WILL ALCOHOL BE PRESENT AT THE EVEN		ompleted request to serve se up to two weeks for review	
WILL THE EVENT BE HELD IN A RESTAURANT/\	in the second of	NO YES Initials	
	ation members and guests will not co		PLEASE LIST 2 TIPS TRAINED MEMBERS ON PAGE 2.
WILL OFF-CAMPUS MEDIA BE NOTIFIED	ABOUT THE EVENT (NEWSPAPER, TV, I	RADIO, ETC.)?	YES, PLEASE PROVIDE WHO WILL BE INVITED ON PAGE 2.
THE STUDENT ORGANIZATION WAN	IT TO PURCHASE SPECIAL EVENT INSU	RANCE FOR THIS EVENT?	NO YES
e that student organization  o Student Union. Student organ  cial Event Insurance for a partic	events are not covered for it is to be not covered for its last of the advisor find to be not cular event, please contact the covered to be not covered to b	a i WiraBice by California St id personally lable. If the stud	ate University, Los Angeles or dent 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 31410V 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.

PRESIDENT:	
U-SU STUDEN	SIGNATURE:  ORGANIZATION ACCOUNT #:  Or APPROVED EXEMPT STATUS: CSI VERIFICATION
The following to comply w	UIDELINES  guidelines are provided for the benefit of the student organization. They are intended to be followed completely. Failure th any of the following guidelines may result in disciplinary action taken against the organization including suspension of 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 comply with University Administrative Procedures AP P003 and AP P007.
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.
MAY BE SUB	DATE:  NAME  NAME
CENTER	FOR STUDENT INVOLVEMENT (U-SU 204)  ES THE ORG. IS RECOGNIZED BY THE UNIVERSITY
ASSISTA	IT DEAN OF STUDENTS: WELLNESS & ENGAGEMENT
GENERAL	RELEASE REQUIRED FOR ALL PARTICIPANTS? NO YES DATE REQUIRED:
NOTIFIC	ATIONS:
PUBL	C AFFAIRS DATE: ATHLETICS DATE:
DEPT.	OF PUBLIC SAFETY DATE: FACILITIES USE COORDINATOR DATE:
OTHE	
NOTES OR I	PDATES: (TIPS-TRAINED MEMBERS, INVITED MEDIA, ADDITIONAL INFORMATION/REQUIREMENTS)
S	Fudent adusor is out but will update ASAP:

## Child Development Association End of the Year Celebration

Join us on Thursday May 9, 2019 Golden Eagle Ballroom 1-2 @6pm



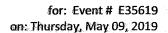


Please RSVP by Friday April 19, 2019 <a href="mailto:cda.csula@gmail.com">cda.csula@gmail.com</a>

Join us for the fun as we celebrate another successful CDA year!!!!!
All students are welcome – First come basis









Client/Organization **Booking Contact Event Date** Event # 5/9/2019 (Thu) E35619 Child Development Association Address City, St/Prov Postal **Booking Tel** Guests 5154 State University Dr. Los Angeles, CA 90032 250 (Act) Sales Rep Party Name Theme Category Child Development EOY Amanda Tapia

				Vei	nue				
Description	Туре	Start	End			Banquet Room	Setup Sty	/le	
		5:00 pm	8:00 pr	n		Ballrm 1-2	Banquet	10	
	Food &	Beverage		Equipment/Miscellaneous					
Food/Service Ite	ms	Unit	Price	Total	Food/Service Items	Unit	Price	Total	
**Food Split**	: 5.20DN 4##				(1) Check-In Table - Outside	Each			
**First Setup at					(1) LCD Projector Package	Each	50.00	50.00	
**Replenish at (250) Disposable		Each	0.50	125.00	(Client to provide Laptop) -	Laci	20.00	20.00	
(7) Cheese Pizz		Each	12.00	84.00	South Wall				
(9) Pepperoni P		Each	14.00	126.00	(2) Risers 6ft x 8ft	Each	125.00	250.00	
(9) Pepperoin P	izza (Slice of	Each	14.00	120.00	(1) Podium and Microphone	Each	25.00	25.00	
(5) Vegetarian I	Pizza (Slice of	Each	14.00	70.00	(1) 7ft Table with Linen and Skirting - SE corner	Each	5.00	5.00	
(2) Tomato Bas of 12)	il Pizza (Slice	Each	12.00	24.00	1				
(17) Chicken Ta Avocado Sauce	**	Dozen(s)	16.00	272.00					
(2) Large - Grill Chicken with L (75-100pp)		Platter(s)	105.00	210.00					
(2) Large - Hon Chips With Oni (75-100pp)		Bowl(s)	115.00	230.00					
(1) Large - Mix (75-100pp) w/ I Viniagrette	•	Bowl(s)	105.00	105.00					
(2) Large - Cho (up to 85 guests	pped Fresh Fruit s)	Bowl(s)	110.00	220.00					
(1) Full Sheet M Slices) with Cel Decoration With "Congratulation	ebration h Writing:	Each	130.00	130.00					
(5) Pink Lemon Water Service	ade	Gallon(s)	22.00	110.00					

Authorized Signature & Date:\_\_\_\_\_(Please sign &date all pages)

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Total
Subtotak	1,596.00	110.00	0.00	330.00	0.00	0.00	0.00	2,036.00
Service Charge	271.32	18.70	0.00	56.10	0.00	0.00	0.00	346.12
Taxes	177.40	12.23	0.00	0.00	0.00	0.00	0.00	189.63
Total	2,044.72	140.93	0.00	386.10	0.00	0.00	0.00	2,571.75
Subtotal	2.036.00 Paid		0.00					

 Tax
 189.63 Balance
 2,571.75

 Service Charge
 346.12

 Total Value
 2,571.75

Banquet Event Order is invalid unless signed and returned along with a check or purchase order to the Golden Eagle Hospitality Office. Missing catering equipment is the responsibility of the Authorized Signee. A 17% Service Fee and 9.5% Sales Tax will be Charged where applicable. 72 Hours Guest Count Confirmation and Cancellation Notice Needed.

Authorized Signature & Date: (Please sign &date all pages)



PO Box 100197 Columbia, SC 29202

PHONE: 1-800-845-1807

🖹 FAX: 1-800-942-5421

Date: 02-24-2019

Quote 2019-86542-01

CHILD DEVELOPMENT ASSOCIATION LOS ANGELES CA (213) 278-8460

#### Saved Shopping Cart - EOY 2019 Celebration

Item / Item No. Price (ea.) Qty. **Total** Item No. WNR30 **Custom Woven Neck Ribbon** \$4.95 200 \$990.00 Logo: [UPLOAD] Logo Placement: left Neck Ribbon Color(s): royal blue Wording Color: athletic gold Line 1: CAL STATE LA Line 2: CDA Special Instructions: RIGHT Colors needed: Item No. DIELAN DIE CHARGE FOR CUSTOM LANYARDS \$40.00 1 \$40.00

Item No. 7397GO

Shield Personalized Medal Gold with Black Plate \$3.39 200 \$678.00

**Engraving: Yes** 

All Items, Line 1: CHILD

All Items, Line 2: DEVELOPMENT All Items, Line 3: ASSOCIATION



#### PO Box 100197 Columbia, SC 29202

PHONE: 1-800-845-1807

🔁 FAX: 1-800-942-5421

#### Quote 2019-86542-02

Item / Item No.

Price (ea.)

Qty.

Total



Item No. PQ68 6X8 Walnut Finish Activity Plaque

\$12.95

10

\$129.50

Medallion: M1367 - A Special Thanks Mylar

Special Instructions:

Engraving: Yes

All Items, Line 1: CDA CAL STATE LA All Items, Line 2: FOR OUTSTANDING All Items, Line 3: PARTICIPATION 2019



Item No. M1367 A Special Thanks Mylar

\$2.00

10

\$20.00

Item No. DISCOUNT

(\$0.50)

10

(\$5.00)

Shipping & Handling

**GROUND (6 DAYS)** 

1

\$75.00

Your order can arrive in approximately 23 business days

Sub-Total:

\$1,927.50

CA Tax (9.50%)

\$183.11

Total:

\$2,110.61





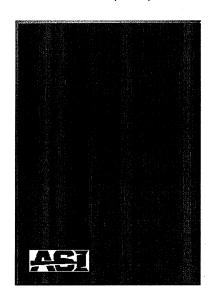


# CHILD DEVELOPMENT ASSOCIATION - CDA ASI FUNDING REQUEST END OF YEAR CELEBRATION - May 09, 2019

PLAQUE (FRONT)



PLAQUE (REAR)





MEDAL & RIBBON