

# **Associated Students, Inc.** **Funding Request Form** ...For the Students, by the Students!™ **2018-19**

## Necessary Documents:

- ☐ Event Flyer w/ ASI Logo
- ☐ CSI Event Reg. Form
- ☐ Estimates / Food Permits
- ☐ Event Estimates / Invoices

## Contact

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

## Organization

Club/Organization: Leadership Development Association  
 Event Title: LDA Comprehensive Exam Review  
 Date(s) of Event: 03/23,03/30,4/13,4/20 Semester Spring  
 Location of Event: CSULA Student Union, Room TBD  
 Expected Total Attendance: 30  
 Expected Attendance of Cal State LA Students: 30

## Event Description and Total Cost Breakdown

Briefly describe the event:

Leadership Development Association will be hosting review sessions for the M.S. Healthcare Management Comprehensive Exam.

Is the event open to all Cal State LA students?: Select One...

How will this program enhance the Cal State LA experience?:

This program will provide M.S. Healthcare Management students with the tools needed to do exceptional on the comprehensive exam.

## Hospitality

Description	Amount
Golden Eagle Hospitality 03/23/19	\$491.96
Golden Eagle Hospitality 03/30/19	\$491.96
Golden Eagle Hospitality 04/13/19	\$491.96
Golden Eagle Hospitality 04/20/19	\$491.96

## Honoraria/Contracts

Description	Amount
N/A	

## Marketing

Description	Amount
N/A	

## Other

Description	Amount
N/A	

## Event Summary

Total Cost of Event: \$1,967.84  
 Amount Requested from ASI: \$1,967.84  
 Amount from other sources: \_\_\_\_\_  
 What other resources are you employing for this event?

N/A

## For Office Use Only • Do Not Write Below

### Important:

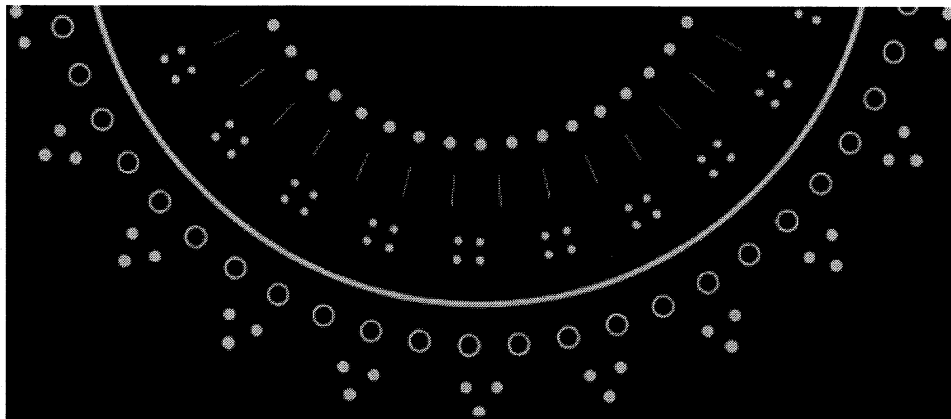
- (1) All Funding Request Forms must be turned in by 12 PM Friday, the week before the Funding Sub-Committee Meetings.
- (2) Additionally, funding request forms must be turned in no less than 10 business days (2 weeks) prior to the event.
- (3) Deadline for Request for Payment or Purchase Order (RPP)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

**All forms must have a Time Stamp and**

**staff initial:**

DS

118 FEB 27 PM 1:50:02



Leadership Development  
Association presents

## LDA COMPREHENSIVE EXAM REVIEW

*March 23rd, 2019, March 30th, 2019,  
April 13th, 2019 & April 20th, 2019*

*Location: CSULA Student Union, Rm TBD  
Time: 3:30pm - 5:30pm*

RSVP @ [UMORENO@CALSTATELA.EDU](mailto:UMORENO@CALSTATELA.EDU)



# STUDENT ORGANIZATION EVENT REGISTRATION FORM

COMPLETED



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: Leadership Development Association PHONE: [REDACTED] DATE: 02/20/2019

EVENT CONTACT NAME: [REDACTED] EMAIL: [REDACTED]

NAME OF EVENT: LDA Comprehensive Exam Review LOCATION: Student Union- Room, TBD

EVENT DATE: 03/23/2019 BEGIN TIME: 3:30 PM END TIME: 5:30 PM ESTIMATED ATTENDANCE: 30

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/FOREST/PARK CLEAN-UP ☐ INTERNATIONAL TRAVEL  
☐ BONFIRE ☐ INDOOR/OUTDOOR COOKING ☐ DOMESTIC TRAVEL  
☐ AMPLIFIED SOUND ☐ ANIMALS

PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):

Leadership Development Association will be hosting review sessions for the M.S. Healthcare Management Comprehensive Exam.

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

- ☐ PRINTED POSTCARDS ☐ PRINTED POSTERS/FLIERS ☒ SOCIAL MEDIA: INCLUDE SITE & HANDLE Instagram, @lda\_csula ☒ OTHER: LinkedIn

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

If so, please affirm organization members and guests will not consume alcohol.

Initials [REDACTED]

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 ☐ 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

## 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.

N/A

PRESIDENT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: 2/27/19  
TREASURER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: 2/27/19  
U-SU STUDENT ORGANIZATION ACCOUNT #: \_\_\_\_\_ 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 \_\_\_\_\_ SIGNATURE (PLEASE USE BLUE OR BLACK INK ONLY) \_\_\_\_\_ DATE: 2/27/19  
ADVISOR'S NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE: 2-27-19

## ACKNOWLEDGMENT - FOR OFFICE USE ONLY

CENTER FOR STUDENT INVOLVEMENT (U-SU 204)

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:

<input type="checkbox"/> PUBLIC AFFAIRS	DATE: _____	<input type="checkbox"/> ATHLETICS	DATE: _____
<input type="checkbox"/> DEPT. OF PUBLIC SAFETY	DATE: _____	<input type="checkbox"/> FACILITIES USE COORDINATOR	DATE: _____
<input type="checkbox"/> OTHER: _____	DATE: _____	<input type="checkbox"/> U-SU BUSINESS OFFICE	DATE: _____

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

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NAME OF ORGANIZATION: Leadership Development Association PHONE: [REDACTED] DATE: 02/20/2019  
EVENT CONTACT NAME: [REDACTED] EMAIL: [REDACTED]  
NAME OF EVENT: LDA Comprehensive Exam Review LOCATION: Student Union- Room, TBD  
EVENT DATE: 03/30/2019 BEGIN TIME: 3:30 PM END TIME: 5:30 PM ESTIMATED ATTENDANCE: 30

### 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/FOREST/PARK CLEAN-UP ☐ INTERNATIONAL TRAVEL  
☐ BONFIRE ☐ INDOOR/OUTDOOR COOKING ☐ DOMESTIC TRAVEL  
☐ AMPLIFIED SOUND ☐ ANIMALS

### PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):

Leadership Development Association will be hosting review sessions for the M.S. Healthcare Management Comprehensive Exam.

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

- ☐ PRINTED POSTCARDS ☐ PRINTED POSTERS/FLIERS ☒ SOCIAL MEDIA: INCLUDE SITE & HANDLE Instagram, @lda\_csula ☒ OTHER: LinkedIn

### WHO WILL BE INVITED? (CHECK ALL THAT APPLY):

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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]

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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]

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PLEASE LIST 2 TIPS and SVPT TRAINED MEMBERS ON PAGE 2.

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DOES THE STUDENT ORGANIZATION WANT TO PURCHASE SPECIAL EVENT INSURANCE FOR THIS EVENT? ☒ NO ☐ YES

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N/A

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STUDENT ORG. OFFICER'S NAME

SIGNATURE (PLEASE USE BLUE OR BLACK INK ONLY)

DATE:

ADVISOR'S NAME

SIGNATURE (PLEASE USE BLUE OR BLACK INK ONLY)

DATE:

## ACKNOWLEDGMENT - FOR OFFICE USE ONLY

CENTER FOR STUDENT INVOLVEMENT (U-SU 204)

SIGNATURE:

DATE:

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:

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☐ OTHER: \_\_\_\_\_ DATE: \_\_\_\_\_ ☐ U-SU BUSINESS OFFICE DATE: \_\_\_\_\_

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



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NAME OF ORGANIZATION: Leadership Development Association PHONE: [REDACTED] DATE: 02/20/2019  
EVENT CONTACT NAME: [REDACTED] EMAIL: [REDACTED]  
NAME OF EVENT: LDA Comprehensive Exam Review LOCATION: Student Union- Room, TBD  
EVENT DATE: 04/13/2019 BEGIN TIME: 3:30 PM END TIME: 5:30 PM ESTIMATED ATTENDANCE: 30

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

- ☐ PROCEEDS TO BENEFIT ☒ EDUCATIONAL PROGRAM ☐ SPIRITUAL PROGRAM ☐ RECREATIONAL PROGRAM  
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WILL THE EVENT HAVE SECURITY? ☒ NO ☐ YES If yes, please explain [REDACTED]

WILL FOOD BE SERVED AT THE EVENT? ☐ NO ☒ YES

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Initials

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DOES THE STUDENT ORGANIZATION WANT TO PURCHASE SPECIAL EVENT INSURANCE FOR THIS EVENT? ☒ NO ☐ YES

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N/A

PRESIDENT: [REDACTED] SIGNATURE: [REDACTED] DATE: 2-27-19  
TREASURER: [REDACTED] SIGNATURE: [REDACTED] DATE: 2-27-19  
U-SU STUDENT ORGANIZATION ACCOUNT #: [REDACTED] or ☐ APPROVED EXEMPT STATUS: CSI VERIFICATION [REDACTED]

## EVENT GUIDELINES

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STUDENT ORG. OFFICER'S NAME [REDACTED] SIGNATURE (PLEASE USE BLUE OR BLACK INK ONLY) [REDACTED] DATE: 2-27-19  
ADVISOR'S NAME [REDACTED] [REDACTED] 2-27-19

## ACKNOWLEDGMENT - FOR OFFICE USE ONLY

CENTER FOR STUDENT INVOLVEMENT (U-SU 204) SIGNATURE: [REDACTED] DATE: 2-27-19  
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: \_\_\_\_\_  
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NOTES OR UPDATES: (TIPS-CERTIFIED/SVPT TRAINED MEMBERS, SOCIAL MEDIA SITES/HANDLES, INVITED MEDIA, ADDITIONAL INFORMATION/REQUIREMENTS)



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NAME OF EVENT: LDA Comprehensive Exam Review LOCATION: Student Union- Room, TBD  
EVENT DATE: 04/20/2019 BEGIN TIME: 3:30 PM END TIME: 5:30 PM ESTIMATED ATTENDANCE: 30

## 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/FOREST/PARK CLEAN-UP ☐ INTERNATIONAL TRAVEL  
☐ BONFIRE ☐ INDOOR/OUTDOOR COOKING ☐ DOMESTIC TRAVEL  
☐ AMPLIFIED SOUND ☐ ANIMALS

## PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):

Leadership Development Association will be hosting review sessions for the M.S. Healthcare Management Comprehensive Exam.

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

- ☐ PRINTED POSTCARDS ☐ PRINTED POSTERS/FLIERS ☒ SOCIAL MEDIA: INCLUDE SITE & HANDLE Instagram, @lda\_csula ☒ OTHER: LinkedIn

## 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

If so, please affirm organization members and guests will not consume alcohol.

Initials

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 ☐ 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

## 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.

N/A

PRESIDENT:

SIGNATURE:

DATE:

2-27-19

TREASURER:

SIGNATURE:

DATE:

2-27-19

U-SU STUDENT ORGANIZATION ACCOUNT #:

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

SIGNATURE (PLEASE USE BLUE OR BLACK INK ONLY)

DATE:

2-27-19

ADVISOR'S NAME

*[Signature]*

2-27-19

## ACKNOWLEDGMENT - FOR OFFICE USE ONLY

CENTER FOR STUDENT INVOLVEMENT (U-SU 204)

SIGNATURE:

DATE:

2-27-19

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)



Golden  
Eagle  
Hospitality

for: Event # E35661  
on: Saturday, March 23, 2019

Client/Organization Leadership Development Association	Event Date 3/23/2019 (Sat)	Booking Contact [REDACTED]	Event # E35661
Address 5154 State University Drive	City, St/Prov Postal Los Angeles, CA 90032	Booking Tel [REDACTED]	Guests 30 (Act)
Party Name LDA Comprehensive Exam Review	Sales Rep Amy Miers	Theme	Category

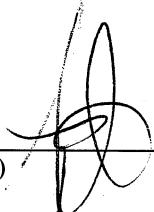
### Venue

Description	Type	Start 3:15 pm	End 3:30 pm	Banquet Room Student Union	Setup Style Delivery
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### Food & Beverage

Food/Service Items	Unit	Price	Total
**Deliver to USU Room TBD at 3:30PM**			
(24) Boxed Lunch	Each	12.00	288.00
-Sub Sandwich (6")			
-(6) Roasted Turkey			
-(5) Grilled Chicken Pesto			
-(5) Chicken Salad			
-(3) Tuna Salad			
-(3) Caprese (Tomato/Basil/Mozzarella)			
-(2) Roasted Vegetables			
-Pasta Salad			
-Bag of Chips			
-Cookie			
-Condiments: Mustard and Mayo			
-Bottled Water and Assorted Canned Soda			
(6) Vegan Boxed Lunch	Each	16.00	96.00
-(3) BBQ Pulled Soy with Collards			
-(3) Buffalo Wings			
-Potato Salad			
-Pimento Mac & Cheese			
-Whole Fruit			
-Bottled Water			

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

 2/23/19


E35661 - Leadership Development Association

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Total
Subtotal	384.00	0.00	0.00	0.00	0.00	0.00	0.00	384.00
Service Charge	65.28	0.00	0.00	0.00	0.00	0.00	0.00	65.28
Taxes	42.68	0.00	0.00	0.00	0.00	0.00	0.00	42.68
Total	491.96	0.00	0.00	0.00	0.00	0.00	0.00	491.96

Subtotal	384.00	Paid	0.00
Tax	42.68	Balance	491.96
Service Charge	65.28		
Total Value	491.96		

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)

 2/27/18



Golden  
Eagle  
Hospitality

for: Event # E35662  
on: Saturday, March 30, 2019

Client/Organization	Event Date	Booking Contact	Event #
Leadership Development Association	3/30/2019 (Sat)	[REDACTED]	E35662
Address		City, St/Prov Postal	Booking Tel
5154 State University Drive		Los Angeles, CA 90032	[REDACTED]
Party Name	Sales Rep	Theme	Guests
LDA Comprehensive Exam Review	Amy Miers		30 (Act)
		Category	

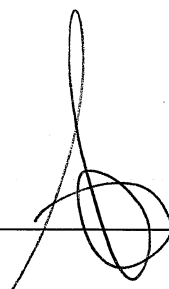
### Venue

Description	Type	Start	End	Banquet Room	Setup Style
		3:15 pm	3:30 pm	Student Union	Delivery

### Food & Beverage

Food/Service Items	Unit	Price	Total
**Deliver to USU Room TBD at 3:30PM**			
(24) Boxed Lunch	Each	12.00	288.00
-Sub Sandwich (6")			
-(6) Roasted Turkey			
-(5) Grilled Chicken Pes to			
-(5) Chicken Salad			
-(3) Tuna Salad			
-(3) Caprese (Tomato/Basil/Mozzarella)			
-(2) Roasted Vegetables			
-Pasta Salad			
-Bag of Chips			
-Cookie			
-Condiments: Mustard and Mayo			
-Bottled Water and Assorted Canned Soda			
(6) Vegan Boxed Lunch	Each	16.00	96.00
-(3) BBQ Pulled Soy with Collards			
-(3) Buffalo Wings			
-Potato Salad			
-Pimento Mac & Cheese			
-Whole Fruit			
-Bottled Water			

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

 2/27/18




## E35662 - Leadership Development Association

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Total
Subtotal	384.00	0.00	0.00	0.00	0.00	0.00	0.00	384.00
Service Charge	65.28	0.00	0.00	0.00	0.00	0.00	0.00	65.28
Taxes	42.68	0.00	0.00	0.00	0.00	0.00	0.00	42.68
Total	491.96	0.00	0.00	0.00	0.00	0.00	0.00	491.96

Subtotal	384.00	Paid	0.00
Tax	42.68	Balance	491.96
Service Charge	65.28		
Total Value	491.96		

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

 2/27/18



Golden  
Eagle  
Hospitality

for: Event # E35663  
on: Saturday, April 13, 2019

Client/Organization	Event Date	Booking Contact	Event #
Leadership Development Association	4/13/2019 (Sat)	[REDACTED]	E35663
Address		City, St/Prov Postal	Booking Tel
5154 State University Drive		Los Angeles, CA 90032	[REDACTED]
Party Name	Sales Rep	Theme	Category
LDA Comprehensive Exam Review	Amy Miers		


### Venue

Description	Type	Start	End	Banquet Room	Setup Style
		3:15 pm	3:30 pm	Student Union	Delivery

### Food & Beverage

Food/Service Items	Unit	Price	Total
**Deliver to USU Room TBD at 3:30PM**			
(24) Boxed Lunch	Each	12.00	288.00
-Sub Sandwich (6")			
-(6) Roasted Turkey			
-(5) Grilled Chicken Pesto			
-(5) Chicken Salad			
-(3) Tuna Salad			
-(3) Caprese			
(Tomato/Basil/Mozzarella)			
-(2) Roasted Vegetables			
-Pasta Salad			
-Bag of Chips			
-Cookie			
-Condiments: Mustard and Mayo			
-Bottled Water and Assorted Canned Soda			
(6) Vegan Boxed Lunch	Each	16.00	96.00
-(3) BBQ Pulled Soy with Collards			
-(3) Buffalo Wings			
-Potato Salad			
-Pimento Mac & Cheese			
-Whole Fruit			
-Bottled Water			

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

 2/27/19

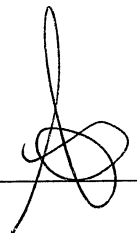
E35663 - Leadership Development Association

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Total
Subtotal	384.00	0.00	0.00	0.00	0.00	0.00	0.00	384.00
Service Charge	65.28	0.00	0.00	0.00	0.00	0.00	0.00	65.28
Taxes	42.68	0.00	0.00	0.00	0.00	0.00	0.00	42.68
Total	491.96	0.00	0.00	0.00	0.00	0.00	0.00	491.96

Subtotal	384.00	Paid	0.00
Tax	42.68	Balance	491.96
Service Charge	65.28		
Total Value	491.96		

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

 2/27/19



Golden  
Eagle  
Hospitality

for: Event # E35664  
on: Saturday, April 20, 2019

Client/Organization	Event Date	Booking Contact	Event #
Leadership Development Association	4/20/2019 (Sat)	[REDACTED]	E35664
Address		City, St/Prov Postal	Booking Tel
5154 State University Drive		Los Angeles, CA 90032	[REDACTED]
Party Name	Sales Rep	Theme	Guests
LDA Comprehensive Exam Review	Amy Miers		30 (Act)
			Category

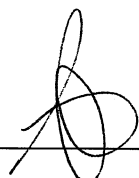
### Venue

Description	Type	Start	End	Banquet Room	Setup Style
		3:15 pm	3:30 pm	Student Union	Delivery

### Food & Beverage

Food/Service Items	Unit	Price	Total
**Deliver to USU Room TBD at 3:30PM**			
(24) Boxed Lunch	Each	12.00	288.00
-Sub Sandwich (6")			
-(6) Roasted Turkey			
-(5) Grilled Chicken Pesto			
-(5) Chicken Salad			
-(3) Tuna Salad			
-(3) Caprese			
(Tomato/Basil/Mozzarella)			
-(2) Roasted Vegetables			
-Pasta Salad			
-Bag of Chips			
-Cookie			
-Condiments: Mustard and Mayo			
-Bottled Water and Assorted Canned Soda			
(6) Vegan Boxed Lunch	Each	16.00	96.00
-(3) BBQ Pulled Soy with Collards			
-(3) Buffalo Wings			
-Potato Salad			
-Pimento Mac & Cheese			
-Whole Fruit			
-Bottled Water			

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

 2/27/19

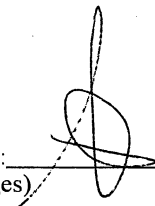
E35664 - Leadership Development Association

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Total
Subtotal	384.00	0.00	0.00	0.00	0.00	0.00	0.00	384.00
Service Charge	65.28	0.00	0.00	0.00	0.00	0.00	0.00	65.28
Taxes	42.68	0.00	0.00	0.00	0.00	0.00	0.00	42.68
Total	491.96	0.00	0.00	0.00	0.00	0.00	0.00	491.96

Subtotal	384.00	Paid	0.00
Tax	42.68	Balance	491.96
Service Charge	65.28		
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Authorized Signature & Date:  
(Please sign & date all pages)

 2/27/19