

Student Activities Council Event Request Form



Sponsoring Organization: _____

Name of Event: _____

Date of Event: _____

Submitted by: _____ **Date Requested:** _____

Phone: _____ **Email:** _____

Event Description: *In the space below please provide a brief description of the event.*

Description of what is being requested from SAC.
(Funding, Labor, Etc., Please provide amount being requested.)

Our Organization would like a response from SAC by: _____

To be completed by SAC

___ Fully Funded ___ Partially Funded ___ Not Funded _____ Amount Funded

Signature of SAC Advisor or President

Date Received

Return request form to the Office of Campus Activities, 2800 Jones Union