



# STUDENT ORGANIZATION UniFORM for Event/Fundraising Proposals

Organization: \_\_\_\_\_

Event: \_\_\_\_\_

Date(s): \_\_\_\_\_ Location: \_\_\_\_\_

Address: (if not CNUCOM) \_\_\_\_\_

Time of Event: \_\_\_\_\_ Estimated hours that will be spent at event: \_\_\_\_\_

**Nature of Activity (Check all that apply):**

- Professional Meeting (Nat/State/Local)     
  Fundraising     
  Class Project     
  Other: \_\_\_\_\_  
 Community Service Event     
  Legislation     
  Social

**Group activity (ex. handing out flyers, health screening, fundraising) and goals of the event:**

\_\_\_\_\_  
 \_\_\_\_\_

**How will this funding be used to benefit your organization?** \_\_\_\_\_

**Collaboration/Sponsorship/Organizations/Student/Preceptor Involvement:**

**LIST NAMES OF ALL PERSONS INVOLVED IN MANAGING THIS EVENT & CONTACT INFO (email or phone #)**

	NAME/TITLE	CONTACT INFO
Local/State/National Organization		
Other Schools' Organizations/ Others (A list may be attached)		
Preceptors/Faculty Member (if checking vitals)		

**Contact Info:**

Primary Contact: \_\_\_\_\_ President: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

**ALL FORMS MUST BE COMPLETED, ATTACHED, SIGNED & APPROVED 14 DAYS PRIOR TO EACH EVENT.**

**Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**\*\* You must submit a Student Organization Event Follow-up form for all health events or other community service projects. \*\***

Please submit completed form with all supporting documents to Kia Thow.

**Student Affairs Use Only**

Event Approved: \_\_\_\_\_ Event Denied: \_\_\_\_\_ by: Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Health/community service events to be held on campus must be approved by University Operations if applicable.**

University Operations: Approved \_\_\_\_\_ Denied \_\_\_\_\_ by: Signature \_\_\_\_\_ Date: \_\_\_\_\_

