Clinton Community College Student Senate Special Event Funding Request Form

ne (of organization		
		Phone #	
nail_			
1.	Approximately how many s	students will attend this event?	
2.	What is the name of the speaker/performer/activity for which you are requesting funds?		
3.	1 1	ormance will be presented? Please attach any relevant materia	
4.		r event/program/activity?	
5.		this event/program/activity?	
6.		vity take place?	
7.		g for this event/program/activity from any other sources?	
	Please list the other sources with their <i>estimated</i> contribution.		
8.	•	from the Student Senate for this event in the past? Please	
9.	What funding will your org	ganization contribute to this event/program/activity?	
10.	. Does this event fulfill a cultural, social or academic need of our student community? How?		
11.	. Please explain how you pla	an to market this event.	
	PROVAL:	DATE:	

Please provide one of these forms for each event/program/activity for which you are requesting funds.

	AMT REQUESTED	SENATE			
ALLOCATION		Senate Use Only			
		Schate Osc Only			
SUPPLIES					
Event materials	\$	\$			
Give-a-ways	\$	\$			
Decorations	\$	\$			
Food items	\$	\$			
Paper supplies	\$	\$			
Other	\$	\$			
TOTAL	\$	\$			
PROMOTIONS					
Flyers	\$	\$			
Posters	\$	\$			
Other	\$	\$			
TOTAL	Ψ ¢	Ψ ¢			
TOTAL	Ψ	Φ			
REFRESHMENTS					
FSA Catering	\$	\$			
Other	\$	\$			
TOTAL	\$	\$			
TRAVEL					
Transportation	\$	\$			
Lodging	\$	\$			
Meals	\$	\$			
Other	\$	\$			
TOTAL	\$	\$			
SPECIAL SERVICE CONTRACT					
Speaker/performer contract fee	\$	\$			
Honorarium	\$	\$			
DJ services	Ψ ¢	Ψ ¢			
Security for event	\$ \$	\$ \$			
Film rental	Ψ ¢	Ψ Φ			
	ዎ ው	Φ <u> </u>			
Equipment rental	\$	Φ			
Other rentals	\$	5			
TOTAL	\$	\$			
TOTAL REQUESTED FROM SENATE	\$	\$			
		Φ.			
TOTAL APPROVED BY SENATE		\$			
Senate Representative to contact Organization	on:				