### Event Information

- Name of Event/Activity: ___________________________ Date of Event: ____________
- Location of Event: (Circle) Meridian, Pocatello, Both-
- Name of Speaker (if applicable): ___________________________
- Name of Club planning event/activity: ___________________________
- Number of participants/students anticipated: ____________
- Target Audience (Students, Faculty/Staff, General Public): ___________________________
- Student Contact(s): ___________________________
- Faculty Advisor: ___________________________

### Event Expenses and Funding

- Projected Expenses: ___________________________
- Funding Source: ___________________________ Account Number: ____________
- Purpose of Funds Raised (if applicable): ___________________________
- Deposit Proceeds into Account: ___________________________ Number: ____________

### Obtain Required Signatures prior to initiating Event/Activity

- Faculty Advisor: ___________________________ Date: ____________
- Director of Student Affairs: ___________________________ Date: ____________

### DO NOT COMPLETE THIS SECTION FOR OFFICE USE ONLY

- Associate Dean
- Director of Development
- Public Relations
- Calendars (Web Calendar, Student Affairs Calendar, Dean’s Calendar)
- Other: ___________________________

### RETURN TO DIRECTOR OF STUDENT AFFAIRS: Dr Cynthia Tillotson – LH 111