## Event Participation/Registration Form

Name of Student Organization: $\qquad$
Description of Activity/Event: $\qquad$
Activity/Event Location: $\qquad$ Activity/Event Date: $\qquad$
\# of Participants: $\qquad$ Total Event Cost: $\qquad$ Cost per Person:

Student member who should be contacted with questions regarding this activity/event:
Activity Leader Name: $\qquad$ Telephone \#: $\qquad$
Activity Leader Email: $\qquad$

## List of Participants:

Only students who have paid Student Activity Fees for the semester of the activity/event will be allowed to participate. By providing an 81x number, you agree to this verification policy.

|  | Student Name (Print or Type) | Student 81x Number | Approval (SABO use <br> only) |
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Printed Organization Advisor Name
Organization Advisor Signature
Date

