

Event Participation/Registration Form

Name of Student Organization:			
Description of Activity/Event:			
Activity/Event Location:		Activity/Event Date:	
# of Participants: Tot			
Student member who should be contact		_	
Activity Leader Name:	_		
Activity Leader Email:			
	List of Partic	eipants:	
Only students who have paid Student Activ providing an 81x number, you agree to this		ter of the activity/event will be all	owed to participate. By
Student Name (Pri	int or Type)	Student 81x Number	Approval (SABO use only)
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18			17:
If there are more than 18 pa	ırticipants, please make c	a copy of this form to fill out addition	aal lines.
Printed Organization Advisor Name	Organiz	ation Advisor Signature	Date
Organization Advisor Email		Organization Advisor Phone #	