

Event Participation/Registration Form

Name of Student Organization: _____

Description of Activity/Event: _____

Activity/Event Location: _____ Activity/Event Date: _____

of Participants: _____ Total Event Cost: _____ Cost Per Person: _____

Student member who should be contact with questions regarding this activity/event:

Activity Leader Name: _____ Telephone: _____

Activity Leader Email: _____

List of Participants:

	Student Name (print or type)	Student 81 Number	Approval (SABO use only)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

If there are more than 10 participants, please make a copy of this form to fill out additional lines.

Printed Organization Advisor Name Organization Advisor Signature Date

Organization Advisor Email Organization Advisor Phone #