CHAPTER, CLUB & NETWORK EVENT ON WEBSITE REQUEST FORM

Chapter, Club or Network Name: ______________________________________________________

Event Name: _______________________________________________________________________

Place of Event: _______________________________________ Date of Event: ___________________

Times of Event (Start/End): _____________________________________________________________

Please provide a brief description of the event: (attach extra sheet if necessary)
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

PRICING INFORMATION
(Different prices for different ages? Advance reservations one price? Day of event another price?)

• (1) Price(s) $ _______________
• (2) Price(s) $ _______________
• (3) Price(s) $ _______________

Please provide two Leadership Team Members to receive online reservations:

Name: ________________________ Email: ____________________________ Cell: _____________
Name: ________________________ Email: ____________________________ Cell: _____________

Prepared By: ______________________________ Leadership Position: ______________________
Email: _______________________________ Cell: ________________________________
Signature: ______________________________ Date: ________________________________

Please submit to the Fresno State Alumni Association four-eight weeks before the event. Thank you.