





Date	Event	Description	Hours	Members Present	Total Hours	Type*

\* **Type:** Awareness (A); Community Service (CS); Campus-Wide Event (CW); Fundraiser (F); Recreational (R); Service-Learning (SL); Other (O)

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Number: \_\_\_\_\_

President: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**Please return completed form to the Office of Student Activities by 5:00 p.m. January 16, 2009.**