

## Alcohol Fund Request Form

Name \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

Organization \_\_\_\_\_

Amount Requested \_\_\_\_\_

Name of Program \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Location \_\_\_\_\_

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How Program relates to alcohol education or alcohol alternative programming?

Describe the program.

Summarize the budget for the program.

Form must be turned in to the Student Life Center at least 1 week prior to program.