

Name:	Student Number:
SFU E-mail:	Phone/TTY:
Name of SFSS Group:	
Name of SFSS Event:	
Event Date(s):	Event Location:
Event Start and End Times:	Event Expected Attendance:

Event or Project Description

Please describe what this event or project is about and what is it for.

Goals and Objective of Event or Project

Please tell us the goals and objectives of the event and how SFSS members are going to benefit from it.

Event or Project Target Audience

Please list other groups that are involved in the event or project and how many SFSS members are involved in the event or project

Planning and Historical Information

Have you or your group organized similar events or projects before?

SFSS Services

Please inform us if you need to use printing and/or catering services.

Accommodations Requested	Assisted Listening Device^ <input type="checkbox"/>	Sign Language (ASL)* <input type="checkbox"/>
<i>* For these services, please provide a basic agenda prior to the event</i> <i>^ For event organizers, please fill out an Equipment Loan form to secure the FM listening device</i>	Materials in Braille <input type="checkbox"/>	Oral Interpreter* <input type="checkbox"/>
	Materials in Large Print <input type="checkbox"/>	Captioning Services (CART)* <input type="checkbox"/>
	Wheelchair-Friendly Venue <input type="checkbox"/>	Assistance Arranging Attendant Care Service <input type="checkbox"/>
	Meet/Assist <input type="checkbox"/>	Scent-Free Event <input type="checkbox"/>

Revenues
Please give us a description and amount of revenues your event is receiving such as registration fee or third party sponsors

Description	Amount
Total Revenues:	

Expenses
Please provide the event or project costs breakdown below including the cost of all service accommodation requested

Description	Amount
Total Expenses:	

Grant Funding Requested
Cost of service accomodation should be included in the total amount

\$ _____

<p align="center">PLEASE SIGN BELOW</p> <p>By signing and submitting this form, I hereby declare that I am an undergraduate student at SFU and a member in Good Standing of the Simon Fraser Student Society.</p> <p>_____</p>	<p>FOR OFFICE USE ONLY</p> <p>APPLICATION RECEIVED</p>
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Funding is normally provided through reimbursement once official receipts or invoices are provided. Direct payments can only be done if organizers are using SFSS services. Please provide a detailed report of the event outcome including the number of undergrads involved in the event including organizers, volunteers and participants, and a reflection on how to improve or enhance future similar event.

Please return this form to the SFSS Organiser Office (organiser@sfss.ca) in person or online.

This form has been created in compliance with the Personal Information Protection Act. Personal information will be used solely to process an accessibility accomodation request. By providing it, you hereby consent to the Simon Fraser Student Society using this information in this way only. This information will be kept confidential and will not be sold or traded to any other organization. If you do not consent to this, please refrain from providing us with your information