SPORTS AND ACTIVITIES COMMITTEE
REQUEST FOR DONATION

TEAM NAME OR DEPARTMENT EVENT: _____

DATE OF EVENT: _____

Contact Person: _____ Date of Request:

Work Phone: _____ Mailing Address:

Cheque Payable to:

Purpose of Donation:

Number of CSU 52 Members Participating:
(a minimum of one is required)

Number of Non Members Participating:

NAME OF CSU 52 MEMBER	P/R NO.	NAME OF CSU 52 MEMBER	P/R NO.
Committee's Use Only			
Approved: _____ _____ _____		Donation: _____ Date: _____ Prizes/Merchandise: _____ _____ _____ _____	

Please use reverse side if necessary.

PLEASE RETURN FORM TO: Sports & Activities Committee (Ph) 448-8900 (Fax) 479-7975

Sports and Activities Committee - Request Form
Con’t . . .

NAME OF CSU 52 MEMBER	P/R NO.	NAME OF CSU 52 MEMBER	P/R NO.