

REGIONAL AWARDS-ONLY EVENT GRANT REQUEST FORM

Region _____ **CSF or CJSF Regional VP** _____

HOST SCHOOL(S)

School Name _____ Chapter number _____

Address _____

Principal's name _____ E-mail _____

ADVISER(S)

Name(s) _____

E-Mail _____

Contact phone _____

EVENT DATE: _____

CONFERENCE SITE (if different from host school address) _____

EVIDENCE OF PRE-PLANNING

Student Chairperson(s) (if applicable) _____

Student Chair E-mail _____

Allocation of Meeting spaces

Check-In: _____

Seymour Interview: _____

Huhn Workshop and Student Summit: _____

Lunch: _____

Awards ceremony: _____

Estimated Expenses (do not include donated items)

Continental Breakfast _____

Lunch _____

Snacks _____

Other (please explain) _____

Total Estimated Expenses \$ _____

Please note: If the school(s) named in this application fails to provide this event, the grant funds will be refunded to CSF within 30 days of the planned conference date.

Signature of adviser(s) _____

Date _____

=====

Treasurer's approval _____ Date _____

Paid by Treasurer _____ Date _____ Check Number _____

Submit to Central Office office@csf-cjsf.org beginning December 1st for the following year Spring conferences.