

REGIONAL CONFERENCE GRANT REQUEST FORM

(for full-conference use only)

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

HOST SCHOOL(S)

Name _____ Chapter number _____

Address _____

Principal's name _____ E-mail _____

ADVISER(S)

Name(s) _____

E-Mail and contact phone _____

CONFERENCE DATE: _____ Time _____

CONFERENCE SITE (if different from host school address) _____

EVIDENCE OF PRE-PLANNING

Student Chairperson(s) (if applicable) _____ E-mail _____

Planned use of venue (i.e.: classrooms, cafeteria, auditorium, library, etc.)

Possible workshops, entertainment/guest speakers, meals:

Estimated Registration Fee \$ _____

Estimated Expenses (do not include donated items)

Printing _____

Food: Continental Breakfast _____

Lunch _____

Supplies _____

Guest speakers/entertainment _____

Opportunity Drawing Prizes _____

Other (please explain) _____

Total Estimated Expenses \$ _____

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

Signature of adviser(s) _____ Date _____

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Treasurer's approval _____ Date _____

Paid by Treasurer _____ Date _____ Check Number _____