



EVENT REQUEST FORM

WISE Program: _____ (ex. Ambassadors, Mentors, LC)

Event Name: _____ Location: _____

Date(s) of Event: _____ Time(s) of Event: _____ (ex. 2-4pm)

Person Responsible: _____ Phone: _____

Purpose/Description of event: _____

Number of attendees (anticipated): _____

Total amount requested for event: _____ Cost per person: _____

Supplies Needed	Cost each	Number Needed	Total Item Cost

WISE Assistance needed/requested to do this event (be specific): _____

Date Request Received: _____ Approved Denied Date: _____ Initials: _____

Comments: _____