STUDENT ORGANIZATION PROJECT FORM



OSU / Rhodes Student Activities Office Amy Livchak-Coordinator Galvin Hall 066 Lima, OH 45804 Email: activities@lima.ohio-state.edu

Phone: 419-995-8415

Student Org Name	e:				
Date Requested:					
Contact Person:					
Contact Email:					
Event Title:					
Web Link (must st	art with- http://)				
Location:					
Not	e: Room Reserva	tions must be made throu	ıgh Room Scheduling l	by the Student Org	anization
Start Date:		End Date:		Time:	
	Tables Reque	ested	Chairs Requested		
Ticket Sales	Yes No	Ticket Sales Start Date:	Tio	ket Sales End Date:	
Brief Description:					
Advisor Signature:			Advisor Contac	t:	
Please return to Student Activities (GA 066) Seven Days In Advance Of The EVENT. The Student Activities Office requests that a copy of this form for your Records. Thank You!					
For SAO Office Use Only					
Accepted By:					Date:
WO Submitted By:			WO Numbe	er:	Date: