Fulton Schools of Engineering Student Council **Dean’s Funding Event Form**

**Name of Organization**:

**President**: **Email**:

**Name of Event:**

**Date of Event:**

**Sponsor:**  **Number of Members Who Attended:**

|  |  |  |
| --- | --- | --- |
| **Name of Member** | **Member ASU ID#** | **Total Time Volunteered** **(example 2-4 p.m.)** |
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**Event Coordinator:**

**Sign:**  **Date:**

**Print:**  Elizabeth Cross **Email:** Elizabeth.Cross@asu.edu

**Title:**  Events Coordinator Asst.