

# Organization Competition Event Programming

**For Office Use Only:**  
Date Turned In: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
# of Points: \_\_\_\_\_  
Size Category: \_\_\_\_\_  
Registered Event:  Yes  No

*Name of Organization:* \_\_\_\_\_

**Advisor's Name:** \_\_\_\_\_ **Advisor's Signature:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Advisor's E-mail:** \_\_\_\_\_

**CSU Event:** \_\_\_\_\_

**Event Location:** \_\_\_\_\_

**Event Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Brief Description of Event:**

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Submitted By: \_\_\_\_\_

August 21, 2007