

# SGA's Request a Rep

Tell YSU SGA about your organization's upcoming event. By filling out this form we will send one of our representatives to your event!

\* Required

1. Name of event: \*

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2. Date of the event: \*

*Example: December 15, 2012*

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3. Start time of the event: \*

*Example: 8:30 AM*

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4. End time of the event: \*

*Example: 8:30 AM*

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5. Location of the event: \*

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6. Description of the event: \*

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7. Responsibility of SGA Representative \*

*Mark only one oval.*

Speaker

Participant

Volunteer

Other: \_\_\_\_\_

8. Your name: \*

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9. Your email address: \*

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10. Your cell phone number: \*

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