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:** *

2. **Date of the event:** *

   *Example: December 15, 2012*

3. **Start time of the event:** *

   *Example: 8:30 AM*

4. **End time of the event:** *

   *Example: 8:30 AM*

5. **Location of the event:** *

6. **Description of the event:** *

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

7. **Responsibility of SGA Representative** *

   *Mark only one oval.*

   [ ] Speaker
   [ ] Participant
   [ ] Volunteer
   [ ] Other: ____________________________

8. **Your name:** *
9. Your email address: *

10. Your cell phone number: *