THIEL COLLEGE STUDENT GOVERNMENT ASSOCIATION EVENT FORM

Date of Report: _________ / _______ / __________

Organization Name: ______________________________________________________________

President: ______________________________________________________________________

SGA Representative: ______________________________________________________________

Dates of Events: __________________________________________________________________

EVENT INFORMATION

Name and Location of Event:

Description of the Event: ____________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Forms of Media Used to Promote Event (Must use 2 forms) (contact Media Board Manager for help):

1. ______________________________________________________________________________
2. ______________________________________________________________________________

Signature of Media Board Manager: _________________________________________________

Date: __________________________________________________________________________

*Submit this form to the Student Government Association Secretary *