

ASCA CIRCUIT AND/OR COMMITTEE EVENT FORM

Circuit and/or Committee: _____

Event Title: _____

Date(s) of Event: _____

Location/Venue: _____

Coordinator(s): _____

Contact Information for Coordinator(s):

School: _____

Phone Number: _____

Email Address: _____

Will a registration fee be charged for the event? Yes _____ No _____

If yes, amount of fee? _____

Will any other income be collected for the event? Yes _____ No _____

If yes, what for? _____ Amount? _____

Person collecting money: _____

Contact information:

School: _____

Phone Number: _____

Email Address: _____

Please provide a brief description of the event:

This form should be completed and returned to the Central Office at least one (1) month prior to the event.

Return form to the ASCA Central Office: fax: 1-866-328-7776 or 979.458.1714 or email information to billyep@asca.tamu.edu