

SFNA Activities Committee Event Form

Event/ Activity Proposal:	
Date of Event/ Activity:	
Location of Event:	
Sponsoring Home Group:	
Budget:	
1. Item: _____	Amount: \$ _____
2. Item: _____	Amount: \$ _____
3. Item: _____	Amount: \$ _____
4. Item: _____	Amount: \$ _____
Add more Items on back of form	
1. Contact Person: _____	Phone # _____
Email: _____	
2. Contact Person: _____	Phone #: _____
Email: _____	
Activities Liaison: _____	Phone #: _____
Email: _____	
Flyer: _____	
Event Insurance: _____	(***Activities Member will obtain)
***SFNA Activities Committee meets every 2nd Wednesday of the month at the ASO office 1290 Fillmore Street Please send a contact from your home group to our meeting with your event proposal OR email scanned copy to ...	