Date of Request: __________________________

Name of Club/Group: ___________________________________________________________

Representative of Club/Group: ____________________________________________________

Amount Requested: _____________________________________________________________

Reason for Request (Proposal may be attached)  
______________________________________________________________________________  
______________________________________________________________________________  
______________________________________________________________________________  
______________________________________________________________________________  
______________________________________________________________________________  
______________________________________________________________________________  
______________________________________________________________________________  
______________________________________________________________________________  

Who will be attending (provide list of attendees)  
______________________________________________________________________________  

Dates (inclusive dates of activity) ________________________________________________

Purpose of activity:

- How does this activity promote or connect to Logan’s mission/values?
- How does this activity enhance the chiropractic profession?
I understand that my club/group is responsible to raise 25% of the total cost of the activity. This will be accomplished by:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

SDC Review

☐ Accepted ☐ Rejected

If rejected, please state reason:
______________________________________________________________________________
______________________________________________________________________________

_____________________________________________                            ___________________
Signature, SDC President       Date

Office of Student Affairs Review

☐ Accepted ☐ Rejected

If rejected, please state reason:
______________________________________________________________________________
______________________________________________________________________________

_____________________________________________                            ___________________
Signature, Dean of Student Affairs      Date