Mission of the Organization: The Campus Association for Student Activities (C.A.S.A.) serves as an organization that is charged with the creation, facilitation, and evaluation of purposeful and innovative activities sponsored by the Student Association that enrich the intellectual, intercultural, recreational, and social needs of the Monroe Community College and surrounding communities.

A. Contact Information:

Activity Manager(s): __________________________________________________

E-mail Address(s): ______________________________________________________

Committee Affiliation(s): (Circle all that apply)

Educational Programs  Publicity and Promotions  Special Events

Activity Committee Members: E-mail Addresses:

1. 1.

2. 2.

3. 3.

B. General Activity Information: (Briefly describe your idea)

C. Objective: (Describe the purpose of this activity)

D. General Activity Type: (Circle all that apply)

Intellectual  Intercultural  Recreational  Social

E. Specific Activity Type: (Circle all that apply)

Art  Athletic  Comedian  Concert  Charity  Crafts  Dance  Debate  Festival

Food  Game  Hypnotist  Inflatable  Lecture  Movie  Music  Novelty

Presentation  Ride  Speaker  Student Spotlight  Theatre  Trip

Other: _______________________  Other: _______________________

(over)
F. **Who is the targeted audience?** (Circle all that apply and estimate the predicted attendance for each)
   - Students (____)
   - Faculty (____)
   - Staff (____)
   - Community Members (____)

G. **Specific targeted population(s):** (List all that apply)

H. **What is the title of the activity?**
   __________________________________________________________

I. **When would you like the activity to occur?**
   - Date: (Day, Month/Date/Year) ____________________________________
   - Time(s): (Start Time-End Time) _________________________________
   - Set-up Time(s): _____________________________________________
   - Clean-up Times(s): __________________________________________

J. **Where would you like this activity to take place?** (Refer to Campus Events Application)
   - Venue Choice #1: ___________________________________________
   - Venue Choice #2: ___________________________________________

K. **What equipment will you need?** (Refer to Campus Events Application)

L. **Will your activity require Dining Services?** (Refer to Catering Menu and MCC Dining Planner)
   Create your menu here:
M. **Contract Information:** *(Refer to Monroe Community College, Inc. Special Services Agreement Request)*

Agency Name: ___________________________________________________________

Agent Name: ___________________________________________________________

Agent Address: _________________________________________________________

City: ______________________________ State: ____________ Zip: ____________

Phone Number: _________________________________________________________

E-mail Address: _________________________________________________________

Website Address: _______________________________________________________

**DATED CHECKLIST:**

_____ Quotation/Proposal Received (in writing)

_____ Contract and Rider Received/Developed

_____ Contract and Rider Processed

_____ Tax Form on file (W-9)

_____ Hospitality Arrangements Made

---

**QUOTES and PROPOSALS** can be sent by:

**MAIL** to: Thomas Christopher Priester, Program Coordinator

R. Thomas Flynn Campus Center, 3-126B

Monroe Community College

1000 East Henrietta Road

Rochester, NY 14623

**FAX** at (585) 292-5059 **E-MAIL** to t_priester@monroecc.edu

**All QUOTES and PROPOSALS** will be reviewed by the Campus Association for Student Activities Executive Board and Advisor before booking can commence!

Once approved for booking…

**ALL** contracts, to be signed by

**Elizabeth Stewart (Director of the Campus Center),**

must be sent directly to: Thomas Christopher Priester, Program Coordinator

R. Thomas Flynn Campus Center, 3-126B

Monroe Community College

1000 East Henrietta Road

Rochester, NY 14623

Via E-mail: t_priester@monroecc.edu

Via Fax: (585) 292-5059

(over)
N. **Other Resources**:

Resource Name: __________________________________________________________

Resource Address: ______________________________________________________________________

City: ______________________________ State: ____________ Zip: ____________

Phone Number: ______________________________________________________________________

E-mail Address: ______________________________________________________________________

Website Address: ______________________________________________________________________

**Notes:**

Resource Name: __________________________________________________________

Resource Address: ______________________________________________________________________

City: ______________________________ State: ____________ Zip: ____________

Phone Number: ______________________________________________________________________

E-mail Address: ______________________________________________________________________

Website Address: ______________________________________________________________________

**Notes:**

Resource Name: __________________________________________________________

Resource Address: ______________________________________________________________________

City: ______________________________ State: ____________ Zip: ____________

Phone Number: ______________________________________________________________________

E-mail Address: ______________________________________________________________________

Website Address: ______________________________________________________________________

**Notes:**
### M. Costs

*Costs will be detailed on Request Form – Student Association (Green and White)*

<table>
<thead>
<tr>
<th>Type of Fee</th>
<th>Description</th>
<th>Estimated Cost</th>
<th>Quantity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission</td>
<td></td>
<td></td>
<td></td>
<td>$_____</td>
</tr>
<tr>
<td>Artist</td>
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<tr>
<td>Attraction</td>
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<td></td>
<td></td>
<td>$_____</td>
</tr>
<tr>
<td>Catering</td>
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<td></td>
<td></td>
<td>$_____</td>
</tr>
<tr>
<td>Costume Rental</td>
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</table>

**TOTAL:** $_______

### N. Funding:

Campus Association for Student Activities Sponsor(s): *(List a requested amount)*

<table>
<thead>
<tr>
<th>Committee</th>
<th>Dollar Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Programs</td>
<td>$_________</td>
</tr>
<tr>
<td>Publicity and Promotions</td>
<td>$_________</td>
</tr>
<tr>
<td>Special Events</td>
<td>$_________</td>
</tr>
</tbody>
</table>

Co-sponsor(s): ________________________________________________________________

Co-sponsor(s) Contribution(s): _______________________________________________

Admission: $______ With MCC ID $______ General Admission

Other: _______________________________________________________________________

(over)
Executive Board Notes:

________________________
Initials/Date

Director Notes:

________________________
Initials/Date

Advisor Notes:

________________________
Initials/ Date

General Notes:

7/2008