



Florida Caribbean Students Association Inc.

Event Documentation Form

Contact Information:

Date: (mm/dd/yyyy) ____/____/____

Name of School: _____

Organization Name: _____

Organization E-mail Address: _____

Filing Officer Information:

Name: _____

E-Board Position: _____

Phone: (____) - _____

Event Information:

Event Type: Community service ____** Social Event ____** Fundraiser ____
Educational/workshop ____** Special event/Other ____**

Event Name: _____

Event Date: (mm/dd/yyyy) ____/____/____ Duration: ____:____ am/pm To ____:____ am/pm

Venue: On Campus: Yes No

If Yes - On campus location: _____

If No - Address: _____

: _____

City: _____ State: _____ Zip: _____

Event Sponsor(s) (if Applicable please list): _____

Number of Attendees: _____ *