

Co-Hosting International Coffee Hour Application

Please be advised that incomplete forms will not be processed. We will review your application and contact the person in charge within a week from the receipt of this form. Return this form to: Amanda Hakes, ISSO, B-50 Caldwell Hall.

Organization: _____

Contact Person(s): _____

Tel. No: _____ Email: _____

Organization Account Number: _____

Please note your top 2 date preferences during the semester when classes are in session:

1st. Preference: _____

2nd. Preference: _____

Please list all food and beverage items that the organization plans to prepare and serve:

Briefly describe the related decorations, activities and performances the organization will prepare and present:

Please draft a short announcement that we can send out to International-L to promote this event:

Print Name: _____ **Signature:** _____

Date: _____