



Shippensburg University Student Government Association Post-Season Tournament Allocation Request Form



This form is to be filled out for each qualifying post season tournament a student group wishes to attend and is handed in a minimum of 2 weeks prior to post-season tournament departure. Required information includes tournament name, location, dates, estimated cost, student attendance, and details of the tournament. All lines must be filled out. These allocations are to be considered on a one-time basis only. Please include detail on all components and usages of this request.

Use ID # instead of signature if submitting this form electronically

Student Group Name	Date of Request
Student Treasurer Name	Email Address & Phone Number
Student Group Advisor Name	Email Address & Phone Number
Signature of Student Treasurer	Signature of Student Group Advisor
Signature of Shippensburg University Director of Recreation	

Tournament Title: _____

Organization Participating in Tournament: _____ Organization # _____

Location (Full Street Address): _____

Date & Times of Tournament: From _____ To _____

One-way mileage from 1871 Old Main Drive, Shippensburg PA 17257 to tournament location above: _____

Number of First-Years Attending _____ Number of Sophomores Attending _____

Number of Juniors Attending _____ Number of Seniors Attending _____

Number of Advisors Attending _____ **Total Number Of Students Attending** _____

Summarize the purpose of the Tournament (Attach a detailed proof of tournament)

*Total Cost for Tournament (*Please attach a detailed cost breakdown of expenses to this form*)

Total Amount- \$ _____

Return completed form to: SGA Vice President of Finance Office Hours: M-F 8:30 a.m. – 4:30 p.m.
 Student Government Association Office Telephone: 717-477-1651
 CUB Room 201 Email: sgavpfinance@ship.edu

