



2009
**CARE Summer Bridge Program
 Student Activity Proposal**

Name of Organization: _____

Representative Contact Information _____

Advisor: _____

Phone Number _____ **Email** _____

Is your organization a registered student organization of Florida State University in good standing with the University? _____

Program Description (please be detailed, attach additional sheets if necessary)

***Will you be participating in Move-In activities? (Please indicate preferred time slot)**

Events can take place from Saturday June 27th - Friday July 31st . Do not request events on Wednesday, July 8th, 22nd, and 29th from 6:30-8:00 pm.

Event Details		
<u>Date</u>	<u>Time</u>	<u>Place</u>
Primary		
_____	_____	_____
Alternate		
_____	_____	_____
_____	_____	_____
_____	_____	_____

*All organizations are responsible for obtaining space for their events.

**Please return by May 15, 2009 to the CARE Office A5400, University Center
 If there are further questions contact 850-644-9699.**