

Accommodation Post-Event Form



Enriching the student experience since 1874

About You

Club Name	_____		
Applicant	NAME _____	EXECUTIVE POSITION _____	
Contact	MOBILE _____	EMAIL _____	

Event Details

Event Name	_____	Start Date	/ /
Venue	_____	End Date	/ /
Location	<input type="checkbox"/> On Campus <input type="checkbox"/> Off Campus		

Licensee Details	NAME _____
	NUMBER _____

Price Categories	ACCESS	Other	Actual Attendance	
_____	\$ _____	\$ _____	ACCESS + Member	_____
_____	\$ _____	\$ _____	ACCESS + Non-Member	_____
_____	\$ _____	\$ _____	Other	_____
			Total	_____

N.B. Clubs must charge differential pricing in accordance with C&S Regulations.

Actual Expenses & Income

Expense Item	Amount	Income Item	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
TOTAL	\$ _____	TOTAL	\$ _____

Does this Expenditure and Income show in your Club's cashbook?

Yes No

If not, why not? _____

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Camps & Conferences Post-Event Form



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Quick Survey

[This information collected in this survey will be used to improve our services to you.]

Please answer each of the following questions by circling a rating between 1 and 4. Where the question is not applicable to your Event please leave blank.

	- ← → +			
How well did the venue suit your Event?	1	2	3	4
How easy was it to deal with the venue's operators in the lead up to the Event?	1	2	3	4
How helpful was the C&S Office prior to the Event?	1	2	3	4
How helpful was the information provided by the C&S Office for this Event?	1	2	3	4
How satisfactory was the quality of service of the C&S Office?	1	2	3	4
How satisfactory did you find the ease of booking USU Catering?	1	2	3	4
How easy did you find the C&S Funding process?	1	2	3	4
How do you rate the handling of the Event overall?	1	2	3	4

General Comments on the Event:

Privacy: All information collected shall only be used by The University of Sydney Union and will not be passed on to third parties unless explicitly authorised.

Signature

The Club I represent has endorsed the submission of this form to the C&S Office. The information inscribed on this form is true and accurate to the best of my knowledge. I understand and agree with the C&S Funding guidelines and Regulations.

Date

/ /

Submission

Submit this form to the C&S Office with copies of all publicity, receipts and other documentation.

Address Level 1, Manning House **Fax** 02 9563 6109 **Email** clubsandsocs@usu.usyd.edu.au

Note: You must attach **photocopies** of all printed publicity and receipts.
Funding will be refused to a Club/Society that fails to adhere to the C&S Regulations.
Post Event Forms with publicity materials and receipts must be submitted within two (2) weeks after the event to be eligible for C&S Funding.
Failure to present proof of a USU logo will result in C&S Funding being rejected.

For Office Use

date received

Calculated \$

Approved \$

Funding ID CSF -2010 Date Approved / / 10 Office Processed

Funding Notes

Rejections

- Post Late
- Receipts
- Logo
- Non-Exec
- Un-Registered
- Non-Exec
- No Pre / Pre Late
- Other

Restrictions

- Differential
- 100% exp
- \$2+ profit
- >50% profit

date

initials

Action Taken
(if necessary)
