

Date Submitted: \_\_\_\_\_



# University Event Attendance

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## Member Information

Name: \_\_\_\_\_

SGA Position: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ E-mail: \_\_\_\_\_

## Event Report

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Description of Event: \_\_\_\_\_

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<b>Received by:</b> _____
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