



STUDENTS ACTIVITIES

Competition Prize Sheet

Date: _____

Sponsoring Organization: _____ Coordinating Student: _____

Event: _____ Phone: _____

Total \$	Print Name	SS#	Box	Phone	Signature	Employed on campus

OFF CAMPUS or NON-STUDENTS

Total \$	Print Name	SS #	Phone	Signature	Employed on campus
	Address: _____				
	Address: _____				

Coordinating Student: _____

Date: _____

Staff: _____

Date: _____

Your check will be mailed to you within 14 days. If you are student employee, your prize will be added to your paycheck (this is college policy).

Note to Coordinating Student: Be sure to return this form to the Office of Student Activities as soon as possible.