



INTER-RESIDENCE COUNCIL
STATE UNIVERSITY OF NEW YORK AT GENESEO

MacVittie Union Rm 316 • Geneseo, NY 14454-1474
Ph: 585-245-5878 • Fax: 585-245-5284

FOR THE IRC's USE ONLY
Reading Number: _____
Received: _____
Approved to the Agenda: _____

Wellness Fund Form

Organization Sponsoring the Event:

Organization President/Chair:

Event Contact Person:

Name: _____
Email: _____
Phone: _____

Reading Presenter:

Name: _____
Email: _____
Phone: _____

The person requesting money or a designated person (from the same organization) named on this form must appear to speak at the IRC meeting. If this condition is not met, the reading cannot pass, and the IRC Representatives will either table or fail the reading.

Today's Date

___/___/___

Event Date

___/___/___



Name of Event: _____

Expected Attendance: _____ Total Cost of Event: _____
Amount Requested: _____ Percentage Requested: _____
Is there an admission charge? _____ If so, how much would it be before IRC funding? _____ After? _____
How is the remainder of your event being funded?

Signature of Organization President/Chair:

HALL COUNCILS ONLY
RD/AC/SRA/ARD (circle one) Signature:

Please attach a brief, typed rationale on what the event is, why you believe this event is needed, and a full price breakdown on what the money for this event will be spent on.



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In order for a reading to be approved to the agenda by the IRC Executive Board, this page must be completed and attached to the reading. This page will never be included in the agenda, and will only be used by the IRC Executive Board to ensure reimbursement for your event, pending approval at the IRC GA Meeting.

Name of Event: _____

Make Check Payable to: _____

Permanent Home Address:
