
FLOAT BOOKING FORM

Date of Request: _____

Event name: _____

Date of event: _____

Pick-up time: _____

*form must be submitted no later than 7 days before event

Contact Information:

I, _____ accept the responsibility of the \$_____ float provided by ACADSA and return the full amount of the float immediately following the scheduled event time.

Date _____ Signature _____

Name: _____

Student ID#: _____

Phone number: _____ **e-mail:** _____

Student Group Name: _____

Name of Treasurer/Director: _____

Time out: _____

Booker Signature

ACADSA Signature

Time in: _____

Booker Signature

ACADSA Signature