



COASTAL FUND
UC SANTA BARBARA
ASSOCIATED STUDENTS

COASTAL SERVICE PROGRAM PARTICIPATION FORM

Your group must be a registered campus organization

PRINT NEATLY

Campus Organization: _____ Contact Person: _____

Check payable to (not an individual) _____ OSL account #: 337- _____

Contact Phone: _____ Contact Email: _____

Preferred date of Event (please pick 2): _____ Expected # attendees: _____

Activity (circle one) restoration project beach/street cleanup

I have read and understand the guidelines outlined in the Coastal Fund's Coastal Service Program online and will comply with the guidelines. I also understand that all waiver forms, supplies and pictures must be submitted after event for verification of participants in order for award to be granted, no later than the next Tuesday after the event. Preferred dates of events and assigned activities are subject to availability.

Printed Name _____

Signed Name _____ Date _____

Please fill out the form and turn into the Coastal Fund mailbox located in Associated Students main office or drop it off at our office in Ucen 2521 (above the Multicultural Center). The CSP coordinator will then contact you to confirm the date and location and set up a time to pick up bags, gloves, cameras and waiver forms. For questions email the program coordinator at coastalfund@gmail.com.

For office use only:

Date/location	
Bag returned	
Group Paid	