

**Associated Students
COASTAL FUND
COASTAL SERVICE PROGRAM
PARTICIPATION FORM**

Your group must be registered UCSB campus organization

PLEASE PRINT NEATLY SO WE CAN CONTACT YOU

Campus Organization _____ OSL account #: 377- _____

Check payable to (not an individual) _____

Contact Person: _____ Contact Phone Number _____

Contact Email: _____

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

Activity (Circle one): Restoration Tree Planting Beach Clean up Street Clean up
(not guaranteed first choice, subject to availability)

I have read and understand the guidelines outlined in the SPF Coastal Service Program online and will comply with the guidelines. I also understand that all waiver forms, supplies and pictures must be submitted by the Tuesday after the event for verification in order for payment to be granted. I understand failure to do so will result in a \$10 deduction in payment per day, until all supplies and forms are returned.

Printed Name _____

Signature _____ Date _____

Please fill out the form and turn into the Shoreline Preservation Fund mailbox located in Associated Students Main Office or drop it off at our office in UCen rm 2521 (above the Multicultural Center). The Program Coordinator will then contact you to confirm the date and location and notify when supplies are ready to pick up for your event.

For office use only

| | |
|---------------|--|
| Date/location | |
| Bag returned | |
| Group paid | |