

LOS ANGELES VALLEY COLLEGE 5800 Fulton Avenue Van Nuys, CA 91401-4096

GUEST AGREEMENT

CLUB/PROGRAM SPONSORI	NG:	
EVENT TITLE:		
EVENT DATE:		
I will provide(t	to Los Angeles Valley College on _ type of service)	// (date)
and agree not to charge a fee for public office) during my visit.	for these services. I understand I am not allowed to campaign (if run	ning for any
Please print or type:		
Name:	Signature	
Address:		
City/Zip:		
Phone #:	Email:	
Date:		
Club Advisor Name or Program	Rep:	
Signature:		
Dean Signature:	Date:	