

Program Requisition Form of Glory and Success
The Hillel Jewish University Center of Pittsburgh

Program Name: _____

Program Description _____

Targeted Students: _____

Date of Program: _____ Student Chairperson _____

Phone Number: _____ E-mail: _____

Room Requested: _____ Times: _____

Special Set-Up Required: _____

Supplies Requested: _____

Supplies to be Purchased: _____

Budget: _____

Marketing Strategy (if applicable): _____

Copies Requested: _____ (Please attach flyers) Date of Calendar? _____

This Form MUST BE Completed Two Weeks Prior to Event

Approval

Hillel Program Staff: _____

Hillel Administrative Staff: _____

