

# Greek Rock Garden Application

Organization Name: \_\_\_\_\_

Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Description of proposed plot: *(attach a diagram or picture)*

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Please describe the materials to be used in your plot:

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Estimated cost: *(please itemize)*

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Date organization would like to  
put the plot together:

\_\_\_\_\_

Have you secured the necessary funding?  Yes  No

If not, what is your plan to obtain the necessary funding? \_\_\_\_\_

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\_\_\_\_\_  
Organization President / Date

\_\_\_\_\_  
Organization Advisor / Date

**Return this form to University Activities, Student Center, L104**

**Office Use Only:**

Approved  Denied Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Director of Student Life*

Comments: \_\_\_\_\_

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