

Greek Rock Garden Application

Organization Name: _____

Coordinator: _____ Phone: _____ Email: _____

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

Please describe the materials to be used in your plot:

Estimated cost: *(please itemize)*

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? _____

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: _____
