

**MAAL-SIGs**

*Making It Happen*

**ACTIVITY APPLICATION FORM**

**(before the activity)**

# Submit the completed form to the MAAL SIG committee via maalsig1@gmail.com

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| --- | --- |
| Name of SIG: |  |
| Name of SIG Head: |  |
| Name of proposed activity: |  |
| Date of proposed activity: |  |
| Time of proposed activity: |  |
| Venue of proposed activity: |  |

|  |
| --- |
| Summary of Activity |
| [*Provide a brief description of the activity.*]  |

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| Proposed budget (if applicable) |
| [*Provide an itemised budget of the activity.*]  |

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| Signature of Head |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Date(Head of SIG)E-mail address:Phone contact number:  |