



<http://www.csuci.edu/ira/index.htm>

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year
DEADLINE: Fall and Academic Year 3/15/09
Spring 10/15/10

Applications must first be sent to the appropriate program chair. Chairs will then recommend and route them to the Dean's Office for review and authorization. The Dean's Office will then forward them to the IRA Committee for consideration.

Activity Title:

Project Sponsor/Staff (Name/Phone): Andrea Grove, x3124; Chris Scholl, x3124 / Tacey Burnham, x2608

Activity/Event Date(s): Model United Nations conferences, March 31-April 2 and April 8-12

Date Funding Needed By: January 5

****Please Note that for Fall Requests the earliest that you will be notified of funding availability will be early June 2008 and for Spring Requests early January 2009.**

Please check if any of the following apply to your IRA:

- | | |
|---|---|
| <input type="checkbox"/> Equipment Purchase | <input checked="" type="checkbox"/> Field Trip |
| <input type="checkbox"/> Event | <input type="checkbox"/> Participant data collection for public dissemination, i.e. interviews/surveys that result is a journal/poster session/newsletter |
| <input type="checkbox"/> IT Requirements | <input type="checkbox"/> Risk Management Consultation |
| <input type="checkbox"/> International Travel | <input type="checkbox"/> Late Submission (Passed Deadlines: Fall 3/15, Spring 10/15) |
| <input type="checkbox"/> Space/OPC Requirements | |
| <input type="checkbox"/> Infrastructure/Remodel | |
| <input type="checkbox"/> Other _____ | |

Previously Funded: xYES ☐NO Yes, Request # _____

Does your proposal require IRB (Institutional Review Board) approval: ☐Yes ☒No

Assessment submitted for previously Funded Activity: xYES ☐NO

Academic Program or Center Name and Budget Code: Center for Community Engagement 833

Date of Submission: 1 October 2010

Amount Requested: \$10,064.00
 (Should match item 2. E. on page 4)

Estimated Number of Students Participating: 15

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year

Conditions and Considerations

Equipment Purchase-If requesting large equipment, Project Sponsor must show proof of correspondence with OPC Administration. In addition, all other purchases must follow Procurement Guidelines

Events-Attach copy of Events and Facilities Use Request Form (Public Folders-Events & Facilities folder) Consider time frame for set-up and take down.

Participant Data Collection for Public Dissemination-If Project Sponsor proposes to conduct research with human participants then it may be subject to IRB (Institutional Review Board for the Protection of Human Subjects) review. It is the Project Sponsor's responsibility to inquire with the IRB **prior** to IRA application submission to determine if the project is exempt from IRB review so that funding is not delayed. Please indicate on the cover page if your project is exempt from IRB review.

Field Trip-If approved, Identified Risks of Participation and Release Agreement must be submitted for each student to the Program Office (Public Folders-HR Forms).

IT Requirements-Requires proof of correspondence and approval from IT Administration

International Travel-Requires International Travel application be submitted to Center for International Affairs.

Risk Management Consultation-Requires proof of correspondence with Risk Management.

Space/OPC Requirements, Infrastructure/Remodel-Requires proof of correspondence with OPC Administration .

Late Submission (Deadlines: Fall 3/14, Spring 10/15)-Requires explanation for emergency funding.

Fiscal Management: Project Sponsor's program will be responsible for all costs incurred over and above what is funded through the IRA award and will be responsible for seeing that any revenue that is intended to offset the amount of the IRA award is transferred accordingly.

Application
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2010-2011 Academic Year

Requirements and Signatures

Please provide the following in your application:

1. **Brief Activity Description.** Describe the activity and its relationship to the educational objectives of the students' program or major.

Model UN events are academic conferences for students that provide students with a unique opportunity to develop an understanding of the complexity of specific issue-areas in global politics. Benefits for students include skill development in policy research, conflict analysis, thinking from different perspectives, negotiation, and public speaking. Students are also able to interact with a diverse range of students from around the region. These are all qualities that benefit any major, as well as more specifically related political science majors, communications majors and global studies minors. However, we plan to encourage interdisciplinarity in the team, and as part of the application and selection process will choose a team from a cross section of majors. We now have a team as well as a new student club (International Relations Club). Participating students will be able to get three credits for POLS 490.

This application is for funding to take students to two Model UN events in the spring: Western Model UN in Santa Barbara, March 31-April 2 and Far West MUN in San Francisco (Burlingame), April 8-12. The budget below is estimated for fifteen students.

2. **Relation to IRA to Course Offerings.** All IRAs must be integrally related to the formal instructional offerings of the University and must be associated with scheduled credit courses. Please list all classes that relate to the program proposed.

Model UN is integrally related to several courses: POLS 490 which is a special topics course about the Model UN offered during Spring 2011. Students who participate this spring will be in that course too. POLS 329, International Law and Organizations, is offered most academic years. In addition, the subject matter for all Model UN conferences is germane to POLS 103, Introduction to International Relations (offered every semester). Further, it is related to the subject matter in COMM 320, Persuasion & Argumentation, COMM340 Conflict Management and Mediation and COMM 430 Political Communication.

3. **Activity Assessment.** Describe the assessment process and measures that the program will use to determine if it has attained its educational goals. **Please note a report will be due at the end of the semester.**

As noted, the primary educational goals for participation in Model UN are skill development in policy research, conflict analysis, thinking from different perspectives, negotiation, and public speaking. Students are graded for the courses based on their exhibition of these skills.

4. **Activity Budget.** Please enclose a complete detailed budget of the entire Activity **bold** specific items of requested IRA funding. (Page 4)

The main areas for which funding is needed are registration fees and hotel costs. Students will pay for their own transportation and food.

West MUN, Santa Barbara:

Hotel fees: Delegates will need to stay two nights. Room price is approximately \$180.00 for three people; estimated need for six rooms to accommodate the male-female mix and advisor. **Total: \$2160.00**

Registration fees: \$160 per student (15) and 2 advisors; \$160 institution fee.
Total: \$2880

Far West MUN, Burlingame

Hotel fees: This conference runs April 8-12; Room price at \$151.00 per night (4 nights) for three people x 6 rooms (see above). **Total: \$3624**

Registration fees: \$80.00 per student x 15 (advisors are free); \$200 institution fee.
Total: \$1400

Overall total: \$10,064


5. **Sources of Activity Support.** Please list the other sources of funding, and additional support for the activity.

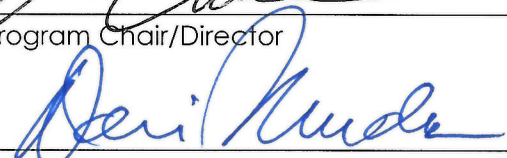
None.

6. **Acknowledgment.** Project Sponsor and Program Chair acknowledge that they have reviewed and accepted the Conditions and Considerations detailed on page 2.

Signatures and Dates


Project Sponsor 9/20/10
Date


Program Chair/Director 9-23-10
Date


Dean 10/15/10

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year

ACTIVITY BUDGET FOR 2009-2010

1. Operating Expense Budget

A. Supplies	_____
B. Vendor Printing	_____
C. In-State Travel	_____ \$5784
D. Out-of-State Travel	_____
E. Equipment Rental	_____
F. Equipment Purchase	_____
G. Contracts/Independent Contractors	_____
H. Honorarium	_____
I. OPC Chargeback	_____
J. Copier Chargeback	_____
K. Other (Please Specify)	Registration fees: \$4280
 TOTAL Expenses	 _____ \$10,064

2. Revenue

A. Course Fees	_____
B. Ticket Sales	_____
C. Out of Pocket Student Fees (exclusive of course fees)	_____
D. Additional Sources of funding (Please specify And indicate source)	_____
E. Requested Allocation from IRA	\$10,064
 Total Revenue	 _____



California State University Channel Islands
Check Request Form

To be used for transactions not requiring a purchase order, service agreement or travel & expense reimbursement

MAKE CHECK PAYABLE TO:

Name: Model United Nations of the Far West

Address 1: 1638 E. Donner Drive

Address 2:

City, State Zip: Tempe, AZ 85282

Amount: \$ 1320.00

*Check will only be held for 48 hours after notification before being mailed out.

PeopleSoft Vendor ID: 6011

Note: New vendors must complete a Form 204

Check Instructions:

- ☒ Mail to payee
☐ * Pick up at Cashier - Ext
☐ Mail attachments with check - include copies

Description to appear on reports (30 characters)
MUNFW Reg/Delegate Fees Apr 11

TYPE OF PAYMENT:

- | | | |
|---|---|--|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Lodging (Camarillo area) ** | <input type="checkbox"/> Subscription/Periodical |
| <input type="checkbox"/> Art Model | <input type="checkbox"/> Membership/Dues | <input type="checkbox"/> Tax Remittance* |
| <input type="checkbox"/> Bank Fee* | <input type="checkbox"/> Parking | <input type="checkbox"/> Utility/Telephone |
| <input type="checkbox"/> Freight/Postage | <input type="checkbox"/> Payroll | |
| <input type="checkbox"/> Honorarium/Speaker | <input type="checkbox"/> Permit/License | <input checked="" type="checkbox"/> IRA Activity |
| <input type="checkbox"/> Interpreting/Note taking | <input checked="" type="checkbox"/> Registration/Conference | <input type="checkbox"/> Other- must be explained |

*Accounting Use Only

**Hampton Inn/Country Inn/Courtyard Marriott

DESCRIPTION AND/OR EXPLANATION OF PAYMENT:

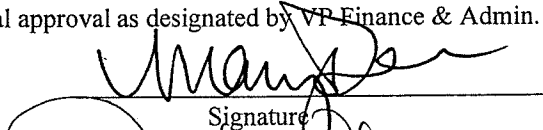
Vendor in Database. Registration and Delegate fees for Model UN Conference, an IRA sponsored activity. IRA Proposal attached.

ACCOUNTING & APPROVAL:

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
660009	TK910	833	90333			\$1,320.00
Total						\$1,320.00

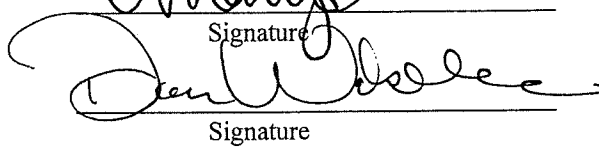
*Depts. 2xx,3xx,4xx,6xx,9xx require additional approval as designated by VP Finance & Admin.

Requestor: Mary Devins x3253
Printed Name & Extension


Signature

1-7-11
Date

Approver: Dan Wakelee
Printed Name & Extension


Signature

1-10-11
Date

Approver:
(If required) Printed Name & Extension

Signature

Date

Vendor# 6011



MUNFW, Inc
1638 E. Donner Dr.
Tempe, AZ 85282

Date: 1/6/11

Invoice #: 00000023

Payment Due: 1/6/11

CSU, Channel Islands
One University Drive
Camarillo, CA 93012

Description	Amount
MUNFW School Registration fee for Model UN Conference, April 8-12, 2011	\$200.00
MUNFW Delegate Registration fee for Model UN Conference April 8-12, 2011. \$80/delegate 14 delegates	\$1,120.00

		Total Amount:	\$1,320.00
MUNFW, Inc. does not accept credit cards. Thank you.	Amount Applied:		\$0.00
	Balance Due:		\$1,320.00



California State University Channel Islands

Check Request Form

To be used for transactions not requiring a purchase order, service agreement or travel & expense reimbursement

MAKE CHECK PAYABLE TO:

Name: Western Collegiate Model United Nations

Address 1: 2445 Harper Street

Address 2:

City, State Zip: Santa Cruz, CA 95062

Amount: \$ 160.00

PeopleSoft Vendor ID: 6098

Note: New vendors must complete a Form 204

Check Instructions:

- ☒ Mail to payee
☐ * Pick up at Cashier - Ext
☐ Mail attachments with check - include copies

Description to appear on reports (30 characters)

WestMUN Model UN Reg fee

*Check will only be held for 48 hours after notification before being mailed out.

TYPE OF PAYMENT:

- | | | |
|---|---|--|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Lodging (Camarillo area) ** | <input type="checkbox"/> Subscription/Periodical |
| <input type="checkbox"/> Art Model | <input type="checkbox"/> Membership/Dues | <input type="checkbox"/> Tax Remittance* |
| <input type="checkbox"/> Bank Fee* | <input type="checkbox"/> Parking | <input type="checkbox"/> Utility/Telephone |
| <input type="checkbox"/> Freight/Postage | <input type="checkbox"/> Payroll | |
| <input type="checkbox"/> Honorarium/Speaker | <input type="checkbox"/> Permit/License | <input checked="" type="checkbox"/> IRA Activity |
| <input type="checkbox"/> Interpreting/Note taking | <input checked="" type="checkbox"/> Registration/Conference | <input type="checkbox"/> Other- must be explained |

*Accounting Use Only

**Hampton Inn/Country Inn/Courtyard Marriott

DESCRIPTION AND/OR EXPLANATION OF PAYMENT:

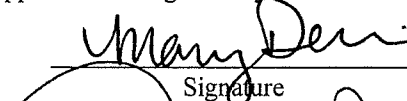
Vendor in Database. Registration fees for Model UN Conference, an IRA sponsored activity. IRA Proposal attached.

ACCOUNTING & APPROVAL:

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
660009	TK910	833	90333			\$160.00
Total						\$160.00

*Depts. 2xx,3xx,4xx,6xx,9xx require additional approval as designated by VP Finance & Admin.

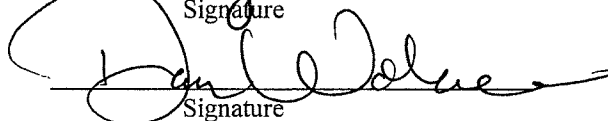
Requestor: Mary Devins x3253
Printed Name & Extension


Signature

1-7-11

Date

Approver: Dan Wakelee
Printed Name & Extension


Signature

1-10-11

Date

Approver:
(If required) Printed Name & Extension

Signature

Date



WestMUN

Invoice

Vendor # 6098

721 Cliff Drive
Santa Barbara, California 93109

January 3, 2011

California State University – Channel Island
Dr. Andrea Grove
One University Drive, Sage Hall
Camarillo, California 93012

Description	Price	#	Total	
Registration fee	\$160	1	\$160	
Countries requested: Netherlands, Belize and Kenya				
Total			\$160	

Tax ID#: 95-3825265

Please make the check payable to: Western Collegiate Model United Nations or WestMUN

Please send the check to: Sondra Ziegler, 2445 Harper Street, Santa Cruz, CA. 95062



380 California State University Channel Islands
Check Request Form

To be used for transactions not requiring a purchase order, service agreement or travel & expense reimbursement

MAKE CHECK PAYABLE TO:

Name: Western Collegiate Model United Nations

Address 1: 2445 Harper Street

Address 2:

City, State Zip: Santa Cruz, CA 95062

Amount: \$ 1650.00

*Check will only be held for 48 hours after notification before being mailed out.

PeopleSoft Vendor ID: 6098

Note: New vendors must complete a Form 204

Check Instructions:

☐ Mail to payee

☒ * Pick up at Cashier - Ext 3253

☐ Mail attachments with check - include copies

Description to appear on reports (30 characters)

WestMUN Model UN Delegate Fees

TYPE OF PAYMENT:

☐ Advertising

☐ Art Model

☐ Bank Fee*

☐ Freight/Postage

☐ Honorarium/Speaker

☐ Interpreting/Note taking

☐ Lodging (Camarillo area) **

☐ Membership/Dues

☐ Parking

☐ Payroll

☐ Permit/License

☒ Registration/Conference

☐ Subscription/Periodical

☐ Tax Remittance*

☐ Utility/Telephone

☒ IRA Activity

☐ Other-must be explained

*Accounting Use Only

**Hampton Inn/Country Inn/Courtyard Marriott

DESCRIPTION AND/OR EXPLANATION OF PAYMENT:

Vendor in Database. Delegate fees for Model UN Conference, an IRA sponsored activity. IRA Proposal attached. Andrea Grove needs to bring check to conference. Please call Mary Devins when check is ready to print.

ACCOUNTING & APPROVAL:

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
660009	TK910	833	90333			\$1,650.00
Total						\$1,650.00

*Depts. 2xx,3xx,4xx,6xx,9xx require additional approval as designated by VP Finance & Admin.

Requestor: Mary Devins x3253
Printed Name & Extension

Signature

3/24/11
Date

Approver: Renny Christopher
Printed Name & Extension

Signature

3-24-11
Date

Approver:



WestMUN

Invoice

721 Cliff Drive
Santa Barbara, California 93109

March 23, 2011

California State University – Channel Island
Dr. Andrea Grove
One University Drive, Sage Hall
Camarillo, California 93012

Description	Price	#	Total	
Delegate Fee	\$110	13	\$1430.00	
Delegate Fee for Advisors	\$110	2	\$220.00	
Total			\$1650.00	

Tax ID#: 95-3825265

Please make the check payable to: Western Collegiate Model United Nations or WestMUN

Please bring the check to the conference



Channel Islands
CALIFORNIA STATE UNIVERSITY

380

TRAVEL EXPENSE CLAIM (TEC)

Must be submitted within 30 days of the end of travel

C.I.T # _____

☒ Employee ☐ Applicant ☐ Volunteer ☐ Non-Employee ☐ Student (Waiver on File)

TRAVELER'S NAME Andrea Grove		RESIDENCE ADDRESS 353 Anacapa Island Drive		CITY/STATE/ZIP CODE Camarillo, CA 93012	
HEADQUARTERS ADDRESS One University Drive		HEADQUARTERS CITY/STATE/ZIP Camarillo, CA 93012		TRAVELER'S PHONE NO. 720	
DEPARTMENT Assoc Prof		POSITION Assoc Prof		DATE PREPARED 4/7/11	
DEPARTURE DATE 03/31/11	DEPARTURE TIME (AM/PM) 10:00 AM	RETURN DATE 04/02/11	RETURN TIME (AM/PM) 2:00 PM	FORM PREPARED BY Mary Devins	EXTENSION 3253
SELECT ONE: Mail Check <input checked="" type="checkbox"/> 3/ <input type="checkbox"/>				Pickup Check <input type="checkbox"/>	

SAME DAY TRAVEL

DATE	DESTINATION	LODGING	MEALS (Taxable*)			INCIDENTALS	REGISTRATION**	COST OF TRANS.	TYPE USED	TRANSPORTATION		OTHER TRAVEL EXPENSE	TOTAL EXPENSES FOR DAY
			Breakfast	Lunch	Dinner					CARFARE TOLLS PARKING	PRIVATE CAR USE MILES		
		N/A		N/A		N/A							

OVERNIGHT TRAVEL

DATE	DESTINATION	LODGING	MEALS			INCIDENTALS	REGISTRATION**	COST OF TRANS.	TYPE USED	TRANSPORTATION		OTHER TRAVEL EXPENSE	TOTAL EXPENSES FOR DAY
			Breakfast	Lunch	Dinner					CARFARE TOLLS PARKING	PRIVATE CAR USE MILES		
04/07/11	Hotel for Model UN	1,292.00				N/A						-	1,292.00
												-	-
												-	-
												-	-
												-	-
												-	-
												-	-
												-	-
												-	-
												-	-
SUBTOTAL		\$1,292.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	-	\$0.00	\$1,292.00

LESS AMOUNT PREVIOUSLY PAID BY CI _____

LESS ANY OTHER ADJUSTMENTS _____

Comments:

AMOUNT DUE TRAVELER **\$1,292.00**

Source of Funding: (Please verify chartfields before submitting to AP)

Account	Fund	Dept	Program	Class	Project	Amount
660002	Tk910	833	90333			1292.00

PURPOSE OF TRIP, REMARKS, AND DETAILS: Attach original receipts to 8.5" X 11" paper and submit with claim (Please do not use acronyms)

Total Amount **\$1,292.00**

Hotel for Model UN Conference.

NORMAL WORK DAYS/HOURS
PRIVATE VEHICLE LICENSE
MILEAGE RATE CLAIMED
0.500 (If different see instructions)

I HEREBY CERTIFY that I was authorized to travel and the above is a true statement of the travel expenses incurred by me in accordance with the applicable California State University policies and CI policies, and that all items shown were for the official business of The California State University. If a privately owned vehicle was used, and if mileage rate exceeds the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0753, and 0754 pertaining to vehicle safety and seat belt usage. Furthermore, I HEREBY CERTIFY that I will not seek reimbursement for a duplicate claim or from any other source.

CLAIMANT'S PRINTED NAME Andrea Grove	CLAIMANT'S SIGNATURE 	DATE 4-13-11
MANAGER'S PRINTED NAME Dan Wakeles, Associate Dean	MANAGER'S SIGNATURE 	DATE
DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE)-if required	DIVISION APPROVAL SIGNATURE	DATE

THE SANDMAN INN
3714 STATE STREET
SANTA BARBARA, CA 93105

(805) 687-2468
INFO@THESANDMANINN.COM

C/O 04/02/2011 08:10 AM KR

Registered To:

GROVE, ANDREA

(805) 482-0415

Total B \$1292⁰⁰

Room # 462-A

Conf # 1311824199

Arrival 03/31/11

Departure 04/02/11

Room Type Q2-2 QUEEN BEDS

Guests 2 / 0

Payment Amex

Acct XXXX-XXXXXX-X3002

Posting	Oper	AcctCo	Description	From	Reference	Amount
03/31/11	WF	RC	ROOM CHARGE	464-A	Rm 464-GROVE, ANDRE	\$93.00
03/31/11	WF	9	ROOM TAX	464-A	Rm 464-GROVE, ANDRE	\$11.16
03/31/11	WF	93	TOURISM MARKETING	464-A	Rm 464-GROVE, ANDRE	\$0.50
03/31/11	WF	RC	ROOM CHARGE	465-A	Rm 465-GROVE, ANDRE	\$93.00
03/31/11	WF	9	ROOM TAX	465-A	Rm 465-GROVE, ANDRE	\$11.16
03/31/11	WF	93	TOURISM MARKETING	465-A	Rm 465-GROVE, ANDRE	\$0.50
03/31/11	WF	RC	ROOM CHARGE	466-A	Rm 466-GROVE, ANDRE	\$93.00
03/31/11	WF	9	ROOM TAX	466-A	Rm 466-GROVE, ANDRE	\$11.16
03/31/11	WF	93	TOURISM MARKETING	466-A	Rm 466-GROVE, ANDRE	\$0.50
03/31/11	WF	RC	ROOM CHARGE	467-A	Rm 467-GROVE, ANDRE	\$93.00
03/31/11	WF	9	ROOM TAX	467-A	Rm 467-GROVE, ANDRE	\$11.16
03/31/11	WF	93	TOURISM MARKETING	467-A	Rm 467-GROVE, ANDRE	\$0.50
03/31/11	WF	RC	ROOM CHARGE			\$123.00
03/31/11	WF	9	ROOM TAX			\$14.76
04/01/11	WF	RC	ROOM CHARGE	464-A	Rm 464-GROVE, ANDRE	\$125.00
04/01/11	WF	9	ROOM TAX	464-A	Rm 464-GROVE, ANDRE	\$15.00
04/01/11	WF	93	TOURISM MARKETING	464-A	Rm 464-GROVE, ANDRE	\$0.50
04/01/11	WF	RC	ROOM CHARGE	465-A	Rm 465-GROVE, ANDRE	\$125.00
04/01/11	WF	9	ROOM TAX	465-A	Rm 465-GROVE, ANDRE	\$15.00
04/01/11	WF	93	TOURISM MARKETING	465-A	Rm 465-GROVE, ANDRE	\$0.50
04/01/11	WF	RC	ROOM CHARGE	466-A	Rm 466-GROVE, ANDRE	\$125.00

THE SANDMAN INN
3714 STATE STREET
SANTA BARBARA, CA 93105

(805) 687-2468
INFO@THESANDMANINN.COM

C/O 04/02/2011 08:10 AM KR

Registered To:

GROVE, ANDREA

Room # 462-A

Conf # 1311824199

Arrival 03/31/11

Departure 04/02/11

Room Type Q2-2 QUEEN BEDS

Guests 2 / 0

Payment Amex

Acct XXXX-XXXXXX-X3002

(805) 482-0415

Posting	Oper	AcctCo	Description	From	Reference	Amount
04/01/11	WF	9	ROOM TAX	466-A	Rm 466-GROVE, ANDRE	\$15.00
04/01/11	WF	93	TOURISM MARKETING	466-A	Rm 466-GROVE, ANDRE	\$0.50
04/01/11	WF	RC	ROOM CHARGE	467-A	Rm 467-GROVE, ANDRE	\$125.00
04/01/11	WF	9	ROOM TAX	467-A	Rm 467-GROVE, ANDRE	\$15.00
04/01/11	WF	93	TOURISM MARKETING	467-A	Rm 467-GROVE, ANDRE	\$0.50
04/01/11	WF	RC	ROOM CHARGE			\$155.00
04/01/11	WF	9	ROOM TAX			\$18.60
04/02/11	KR	AX	PAYMENT AMEX		3002 - 528805	\$1,292.00
Balance Due						\$0.00

THE UNDERSIGNED GUEST AGREES TO PAY THE AMOUNT INDICATED ON THE BALANCE DUE PORTION OF THIS INVOICE. IF THE CHARGES ARE TO BE BILLED TO A THIRD PARTY, THE UNDERSIGNED AGREES TO BE PERSONALLY LIABLE FOR PAYMENT OF THE CHARGES IN THE EVENT THAT THE INDICATED THIRD PARTY, PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF SUCH CHARGES.

X _____
GUEST SIGNATURE

Signature

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS

a campus of the California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • Fresno • Fullerton • Hayward • Humboldt • Long Beach • Los Angeles
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: West Model United Nations
Activity Date(s) and Time(s): March 31-April 2, 2011; 10 am March 31-6pm April 2
Activity Location/Facility: Santa Barbara City College, Santa Barbara, CA

In consideration for being allowed to participate in this Activity, I **release from liability and waive my right to sue** the State of California, the Trustees of the California State University, which own and operate California State University, Channel Islands and their employees, officers, volunteers and agents (collectively "University") from any and all claims, **including the University's negligence**, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Activity, including any travel to and from the Activity.

I am voluntarily participating in this Activity, and I understand that there are risks, such as physical and/or psychological injury, pain, suffering, i or permanent disability or even death, which may occur from my participation, s may arise from my own or other's actions, inactions, negligence, n(s) or facility(ies). **Nonetheless, I assume all related ri my participation in this**
Activity, including travel to and fr

I agree to **hold** the University **harm liabilities and costs, including att** ge to my personal property, to and from the Activity. If the Uni n this Activity, including travel University, I agree to reimburse the

If I need medical treatment, the U tment for me. I will be financially responsible for any costs of such iversity responsible for any claims resulting from any medical treatr provide health insurance for me and I should carry my own health insurance.

I am 18 years or older. I have read this document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) waiver of my right to sue the University, (c) and assumption of all risks of participating in this Activity, including travel to and from the Activity.**

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Participant Name: Gabriela Steinke Date: 3/30/11

Signature: [Signature]

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Camarillo, California 93012
Tel 805-437-8400
Fax 805-437-8424

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RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: West Model United Nations
Activity Date(s) and Time(s): March 31-April 2, 2011; 10 am March 31-6pm April 2
Activity Location/Facility: Santa Barbara City College, Santa Barbara, CA

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Participant Name: Andre Ross Date: 3/30/11

Signature: 

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Participant Name: Stephanie Garcia Date: 3-30-11

Signature: Stephanie Garcia

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Participant Name: Kurt Hards Date: 3-30-11

Signature: 

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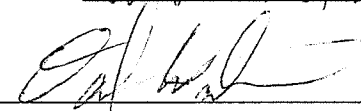
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Participant Name: David Winston Date: 3/29/11

Signature: 

CSU Channel Islands
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Fax 805-437-8424

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Participant Name: Mackenzie Garcia Date: 3/28/11

Signature: Mackenzie Garcia

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Participant Name: Courtney Condon Date: 3/29/11

Signature: 

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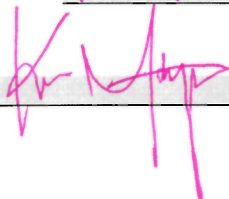
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Participant Name: Karina Matijas Date: 3.28.11

Signature: 

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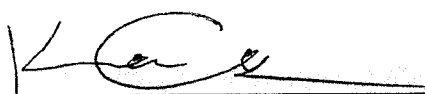
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Participant Name: ERICA KARADAN CLARK Date: 3/28/11

Signature: 

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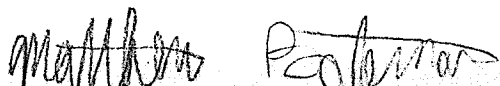
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Participant Name: MATTHEW Bateman Date: 3-28-11

Signature: 

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RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: Model United Nations of the Far West
Activity Date(s) and Time(s): April 8-12, 2011; 5pm April 8-12 noon April 12
Activity Location/Facility: Hyatt Regency San Francisco Airport, Burlingame, CA

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Participant Name: Kevin Schallert Date: 3/31/11

Signature: 

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RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: Model United Nations of the Far West

Activity Date(s) and Time(s): April 8-12, 2011; 5pm April 8-12 noon April 12

Activity Location/Facility: Hyatt Regency San Francisco Airport, Burlingame, CA

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Participant Name: _____ Date: _____

Signature: _____

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Tel 805-437-8400
Fax 805-437-8424

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Participant Name: Korina Matyas Date: 3-31-11

Signature: 

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Participant Name: ERICA CLARK Date: 3-31-11

Signature: 

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Participant Name: Mackenzie Garcia Date: 3/31/11

Signature: Mackenzie Garcia

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Participant Name: Kurt Harris Date: 3-31-11

Signature: 

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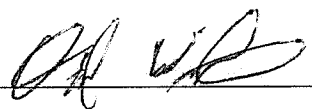
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Participant Name: David Winston Date: 3/31/11

Signature: 

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Participant Name: Andre Ross Date: 3/31/11

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Participant Name: Stephanie Garcia Date: 3/31/10

Signature: Stephanie Garcia

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Participant Name: Matthew Bateman Date: 3-30-11

Signature: Matthew Bateman

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Participant Name: Gabriela Skinkay Date: 3/20/11

Signature: [Signature]

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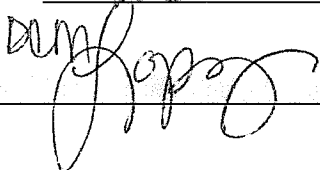
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I am 18 years or older. I have read this document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) waiver of my right to sue the University, (c) and assumption of all risks of participating in this Activity, including travel to and from the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

Participant Name: Dulce Carolina Lopez Date: 3/31/2011

Signature: 

One University Drive
Camarillo, California 93012
Tel 805-437-8400
Fax 805-437-8424

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RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: Model United Nations of the Far West

Activity Date(s) and Time(s): April 8-12, 2011; 5pm April 8-12 noon April 12

Activity Location/Facility: Hyatt Regency San Francisco Airport, Burlingame, CA

In consideration for being allowed to participate in this Activity, I **release from liability and waive my right to sue** the State of California, the Trustees of the California State University, which own and operate California State University, Channel Islands and their employees, officers, volunteers and agents (collectively "University") from any and all claims, **including the University's negligence**, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Activity, including any travel to and from the Activity.

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Participant Name: Courteney Condon Date: 3/31

Signature: 

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RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: West Model United Nations

Activity Date(s) and Time(s): March 31-April 2, 2011; 10 am March 31-6pm April 2

Activity Location/Facility: Santa Barbara City College, Santa Barbara, CA

In consideration for being allowed to participate in this Activity, I **release from liability and waive my right to sue** the State of California, the Trustees of the California State University, which own and operate California State University, Channel Islands and their employees, officers, volunteers and agents (collectively "University") from any and all claims, **including the University's negligence**, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Activity, including any travel to and from the Activity.

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Participant Name: Kevin Samuels Date: 5/31/11

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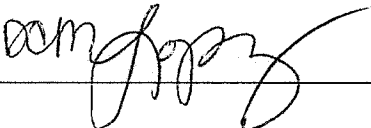
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