



ASSOCIATED STUDENTS, INC.

CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

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ASI Club Points Submission Sheet

Event Title:	
Hosting Organization(s):	
Date of Event:	
Time:	
Location:	
Submitted By: (Club Name)	
Points Earned:	
Submitted Date:	
Executive Officer Name and Position:	
Executive Officer Signature:	

For Office Use Only:

Date Received: _____

Points Earned: _____