

# Hawe Program Request Form

RA Name(s): \_\_\_\_\_

Residence Hall/Unit: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Program: \_\_\_\_\_ Location: \_\_\_\_\_

Please select from the following list which program you are interested in:

**Sex and Alcohol Programs:**

\_\_\_\_\_ Sex And Candy

\_\_\_\_\_ Sex, Drugs, And Rock n' Roll

\_\_\_\_\_ Sex Jeopardy

\_\_\_\_\_ Sex In The Dark

\_\_\_\_\_ Intoxicating Information

\_\_\_\_\_ "A" Game Night

\_\_\_\_\_ Haze Movie Screening

\_\_\_\_\_ Sober Reflections

**Nutrition:**

\_\_\_\_\_ Eat This Not That

\_\_\_\_\_ Salt, Sugar, Fat

\_\_\_\_\_ Size It Up

**Fitness:**

\_\_\_\_\_ How Fit Are You?

\_\_\_\_\_ Get the Most From Your Workout

**Stress:**

\_\_\_\_\_ Meditation Exploration

\_\_\_\_\_ Give Me A Break

\_\_\_\_\_ Aromatherapy

\*\*Please note that RA must provide candy as an alternative prize to prizes provided by HAWE's

**PROGRAM REQUEST FORMS MUST BE TURNED IN 3 WEEKS PRIOR TO PROGRAM AND RA IS RESPONSIBLE FOR ADVERTISMENT AND GETTING RESIDENTS TO ATTEND.**

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Office use only:

Date received: \_\_\_\_\_ Received By: \_\_\_\_\_

Hawe's assigned to program: \_\_\_\_\_