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:   Nutrition:

_____ Sex And Candy   _____ Eat This Not That

_____ Sex, Drugs, And Rock n’ Roll   _____ Salt, Sugar, Fat

_____ Sex Jeopardy   _____ Size It Up

_____ Sex In The Dark

_____ Intoxicating Information   Fitness:

_____ “A” Game Night   _____ How Fit Are You?

_____ Haze Movie Screening   _____ Get the Most From Your Workout

_____ Sober Reflections   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.

____________________________________________________________

Office use only:

Date received:_____________________  Received By:_______________________________

HAWE’s assigned to program:______________________________________________________