

# Student Organization/Event Safer Sex Supply Request Form

Please return this form to WesWELL (Davison Health Center, Room 202) at least two weeks before your event.

Date Submitted \_\_\_\_\_

## Contact Information

Sponsoring Organization \_\_\_\_\_

Contact Person in Organization \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

WSA Account # \_\_\_\_\_

## Event Information

*Note: All activities must be in compliance with University policies and procedures governing student-run events.*

Event Title \_\_\_\_\_

Date \_\_\_\_\_ Location \_\_\_\_\_

Event Description \_\_\_\_\_

## Supplies Request

Please check  the quantity desired and fill in the total cost.

Various brands and styles will be provided, based on current inventory.

Item	Quantity	Cost	Cost
<b>External/"male" condoms</b>	<input type="checkbox"/> 1000 (1 case) <input type="checkbox"/> 500 (1/2 case) <input type="checkbox"/> 250 (1/4 case) <input type="checkbox"/> Other: _____	\$60.00 \$30.00 \$15.00 Ask for quote	
<b>Insertive/"female" condoms</b>	<input type="checkbox"/> 25 pieces <input type="checkbox"/> 50 pieces <input type="checkbox"/> Other: _____	\$5.00 \$10.00 Ask for quote	
<b>Oral dams</b>	<input type="checkbox"/> 50 pieces (1/2 box) <input type="checkbox"/> 100 pieces (1 box) <input type="checkbox"/> Other: _____	\$15.00 \$30.00 Ask for quote	
<b>Gloves</b>	<input type="checkbox"/> 50 pieces (1/2 box) <input type="checkbox"/> 100 pieces (1 box) <input type="checkbox"/> Other: _____	\$2.50 \$5.00 Ask for quote	
<b>Grand Total: This amount will be charged to your WSA Account</b>			

### For Office use only

Revised 11.1.2007

#### **Request**

Received \_\_\_\_\_

Required \_\_\_\_\_

Filled \_\_\_\_\_

Picked up \_\_\_\_\_

#### **Budget**

Group \_\_\_\_\_

Account # \_\_\_\_\_

SJE \_\_\_\_\_

Distribution of safer sex supplies is governed by current policies as stated on the WesWELL website: [www.wesleyan.edu/weswell/safersexsupplies.html](http://www.wesleyan.edu/weswell/safersexsupplies.html)