

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
External/"male" condoms	<input type="checkbox"/> 1000 (1 case) <input type="checkbox"/> 500 (1/2 case) <input type="checkbox"/> 250 (1/4 case) <input type="checkbox"/> Other: _____	\$66.00 \$32.50 \$16.25 Ask for quote	
Insertive/"female" condoms	<input type="checkbox"/> 25 pieces <input type="checkbox"/> 50 pieces <input type="checkbox"/> Other: _____	\$20.00 \$40.00 Ask for quote	
Oral dams	<input type="checkbox"/> 50 pieces (1/2 box) <input type="checkbox"/> 100 pieces (1 box) <input type="checkbox"/> Other: _____	\$25.00 \$40.00 Ask for quote	
Gloves	<input type="checkbox"/> 50 pieces (1/2 box) <input type="checkbox"/> 100 pieces (1 box) <input type="checkbox"/> Other: _____	\$3.50 \$7.00 Ask for quote	
Grand Total: This amount will be charged to your WSA Account			

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