 **T.C.**

 **GAZI UNIVERSITY**

 **Department of Health, Culture and Sports Costume Request Form**

Name of the Community :

Activity Name :

Activity Date :

Activity Place :

Duration of Activity :

Region it Belongs :

Number of Costumes :

In terms of performing activities by meeting the costume needs We respectfully request that the necessary be done.

**Academic Leader                                                       Student Community President**

Name surname: Name surname:

Title: Faculty:

Faculty: Faculty/Department:

Faculty/Department: Class:

Contact: Contact:

Signature: Signature:

Gazi Üniversitesi Rektörlüğü Sağlık Kültür ve Spor Dairesi Başkanlığı 06500 Teknikokullar / Ankara

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