

Activities Form

Return this COMPLETED form to the office of Student Activities and Advocacy, SS#254 or studentactivities@marin.edu

If this event is a fundraiser, it MUST be approved by the Office of Student Activities and Advocacy and the Club Fundraising Form is also REQUIRED.

Date Submitted:	Organization/Club Name:
Is this a reoccurring event?	YES OR NO Day of the week:
Activity Date(s):	Time & Duration:AM/PM TOAM/PM
Online access link:	
	OR NO Number of people expected for this event?
Vaccination policy, Board Posubject to Student Discipline ar like symptoms or has been dire	re attesting that you are vaccinated per College of Marin "District" plicy 3507. If you are found in violation of the policy, you will be and Due Process (AP 5520). Anyone who is experiencing COVID-19 ctly exposed to someone with COVID-19 should remain home and provider. For updates visit https://www1.marin.edu/strong/
•	events require signed waivers for all participants.
	ze of the event, the presence of Campus Police may be necessary*
STUDENT CONTACT INFORMATI	
	TITLE:
PHONE:	EMAIL:
ORGANIZATION/CLUB APPROVA	AL:
Organization/Club President: (PR	X (SIGN)
Organization/Club Advisor: (PRINT	X (SIGN)
Note: Club Advisor's presence is re	equired at events/activities outside of normal college hours, 8AM-5PM.
SET UP NEEDS:	
Request MUST be submitted NO	LESS than 1-week before scheduled event in order to be fulfilled!
Example: 2 six-foot tables, 1 garbage can, 6 chairs, 1 microphone, & 2 speakers, etc.	
Tables: QTY Chairs: QTY	_ Garbage cans: QTY Mics: QTY Speakers: QTY
Other/MISC:	



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OFFICE USE ONLY	
□ Approved	
□ NOT Approved Reason:	
ASCOM Board Member: (print) X(sign)	
Director of Student Activities and Advocacy: (print)	
(sign)	
□ CP (campus police)	
☐ MT (maintenance)	
☐ MS (media services)	
□ Booked Room	
□ SSH	