



Activities Form

Return this **COMPLETED** form to the office of Student Activities and Advocacy, 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: _____

Activity (be specific): _____

Is this a reoccurring event? ____ **YES** OR ____ **NO** Day of the week: _____

Activity Date(s): _____ - _____ Time & Duration: ____AM / PM TO ____AM / PM

Location of activity*: _____

Online access link: _____

Is this a fundraiser? ____ **YES** OR ____ **NO** Number of people expected for this event? _____

STUDENT CONTACT INFORMATION:

NAME: _____ TITLE: _____

PHONE: _____ EMAIL: _____

ORGANIZATION/CLUB APPROVAL:

Organization/Club **President:** (PRINT) _____ **X** (SIGN) _____

Organization/Club **Advisor:** (PRINT) _____ **X** (SIGN) _____

Note: Club Advisor's presence is required at events/activities outside of normal college hours, 8am-5pm.

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