



Activities Form

Return this **COMPLETED** form to the office of Student Activities and Advocacy, Student Services Bldg, Rm 247

If this event is a fundraiser, 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*: _____

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

***Off campus events require signed waivers for all participants.**

****Depending on the nature and size of the event, the presence of Campus Police may be necessary**

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.

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: _____

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