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: _____

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**
☐ ☐   ☐ ☐

campus location of activity: _____

Online access link: _____

Is this a fundraiser? ____ **YES** OR ____ **NO** Number of people <u>expected</u> for this event? ____

By attending this event, you are attesting that you are vaccinated per College of Marin "District" Vaccination policy, Board Policy 3507. If you are found in violation of the policy, you will be subject to Student Discipline and Due Process (AP 5520). Anyone who is experiencing COVID-19 like symptoms or has been directly exposed to someone with COVID-19 should remain home and see their healthcare provider. For updates visit https://www1.marin.edu/strong/

*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 <u>NO LESS than 1-week before</u> 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: _____

COLLEGE OF MARIN
ASSOCIATED STUDENTS

STUDENT ACTIVITIES AND ADVOCACY OFFICE
ROOM 247, STUDENT SERVICES BUILDING   415.485.9376
NEW FALL 2022 Activities Form

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