

STUDENT ACTIVITIES AND ADVOCACY OFFICE ROOM 254, STUDENT SERVICES BUILDING 415.485.9376

Activities Form

Return this COMPLETED form to the office of Student Activities and Advocacy, SS#241 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:/	I	Organizat	tion/Club Na	me·		
Activity (be specific):_						
Is this a reoccurring ev	ent?	YES OR	NO	Day of the wee	k:	
Activity Date(s):/			/ Time	& Duration:	AM/PM TO	AM/PM
On campus location of	activity: _					
Online access link:						
Is this a fundraiser?	YES ⁽	OR N	IO Numbe	r of people <u>exp</u>	ected for this eve	ent?
STUDENT CONTACT IN	FORMATIO	ON:				
NAME:	TITLE:					
PHONE:	DNE: EMAIL:					
ORGANIZATION/CLUB	APPROVA	L:				
Organization/Club Pres	ident: (PRI	NT)		X (SIGN)		
Organization/Club Advi	SOT: (PRINT))		X (SIGN)		
Note: Club Advisor's pres	ence is red	quired at ev	/ents/activitie	s outside of norr	mal college hours,	8AM-5PM.
SET UP NEEDS:		·				
Request MUST be subm						
Tables: QTY Chairs	:: QTY	_ Garbage	cans: QTY	Mics: QTY	Speakers: C	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) CP (campus police) MT (maintenance) MS (media services) Booked Room _____ □ SSH