



# NEW FALL 2022 Activities Form

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

On campus location of activity: \_\_\_\_\_

Online access link: \_\_\_\_\_

Is this a fundraiser? \_\_\_ YES OR \_\_\_ NO Number of people expected 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 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