



# ASCOM/Club Activities Form

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

Date Submitted: \_\_\_\_\_ Organization/Club name: \_\_\_\_\_

Activity (be specific): \_\_\_\_\_

Date and time of activity \_\_\_\_\_ Location of activity \_\_\_\_\_

Number of persons expected for event? \_\_\_\_\_ Is this a fundraiser? \_\_\_\_\_

If this is a **fundraiser** you **must** complete the Club Fundraising Form.

## STUDENT CONTACT INFORMATION

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

## ORGANIZATION/CLUB APPROVAL

Organization/Club President (sign): \_\_\_\_\_ (print): \_\_\_\_\_

Organization/Club Officer (sign): \_\_\_\_\_ (print): \_\_\_\_\_

Organization/Club Advisor (sign): \_\_\_\_\_ (print): \_\_\_\_\_

**Note:** Club Advisor's presence is required at events/activities scheduled outside normal college hours: 8AM-5PM

Signature of Chief of Police \_\_\_\_\_

## MAINTENANCE/CAMPUS POLICE REQUEST

- Attach work order pertaining to Maintenance Department
- Attach work order pertaining to Campus Police Department

## ASSOCIATED STUDENT OFFICE USE ONLY

Approved  Not approved

ASCOM Board Member: (sign): \_\_\_\_\_ (print): \_\_\_\_\_

Director of Student Activities and Advocacy (sign): \_\_\_\_\_

Director of Student Activities and Advocacy (print): \_\_\_\_\_

**OFFICE USE ONLY**  CC  CP  MT  Booked Room  SSH