



Activity Request Form

Name of Activity: _____

Date of Activity: _____ Time of Activity: _____ Location: _____

Organization Name: _____ Contact Name: _____

Email: _____ Phone Number: _____

Type of Event

Activity Community Service Fundraiser Expected Amount:

Description of Event/ Activity
*Attach setup if available

Security Request

Will you be requesting security? _____ How many attendees do you expect? _____

Equipment Rental

Number of Tables: _____ Other: _____

Set-Up: Use the space below to draw a diagram showing set-up of activity



Special Request/ Comments:

Signature of Organization President

Signature of Organization Advisor

Department Use Only:

Date Submitted: _____

Received by: _____

Approve

Not Approved

Student Life Representative

Date

Comments:
