

Activity Request Form

If any of the following is required; please submit form **ten days** prior to event: media, security, large setup (tables/chairs/room).

Organization Name _____

Date _____

Date of Activity: _____

Time of Activity: _____

Desired Location: _____

Brief Description of Event/Activity:

Will you be receiving money? ___ Yes ___ No If yes, how much do you expect to receive? \$ _____

*The advisor is responsible for ensuring that all funds are deposited
in the organization's account within 2 business days.*

Operations & Maintenance Requests:

Tables _____ # Chairs _____ Podium ___ Yes ___ No

Need set-up completed by (time): _____ Take down can begin at (time): _____

Room Set Up Diagram: (Use this space to draw a diagram showing how you would like the room set-up)

Additional Operations & Maintenance Requests:

Media Services Requests:

Equipment Needed: ☐ Television ☐ VCR ☐ Overhead Projector
 ☐ Cassette Player ☐ CD Player ☐ Laptop Computer
 ☐ Multimedia Projector ☐ PA System

Additional Media Services Requests:

Security Requests:

How many attendees do you expect? _____ # Security Officers _____

Additional Security Requests:

Additional Requests:

Organization Advisor

Date

Organization Officer

Date

Department of Student Activities and Wellness:

Date Received: _____ ☐ Approved ☐ Not Approved

Comments: _____

Department of Student Activities and Wellness Representative

Date