STUDENT LIFE EVENT/ACTIVITIES REQUEST FORM

By completing the activities request form below you are agreeing that you, the advisor(s) is responsible for personally attending the event. If an incident occurs during any phase of the event (planning, during, after), you must contact the proper administrators immediately and an incident report is to be completed.

Organization: ___________________________ Date submitted: ___________________________
Name of event: ___________________________ Event date: ___________________________
Event synopsis: ______________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Who will attend the event (Please check one):
☐ Navarro College Students only  ☐ Community/non-Navarro College students

Is there an entry charge: ________YES ________ NO  If yes, how much $_____________
Will items be sold at the event: ____YES  ____NO
What is the purpose for charging:  ______________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Advisor: ___________________________ Office phone number: ___________________________
email: ___________________________ contact number (during event): ___________________________
Number of staff attending event: _________

EVENT APPROVAL: (indicate YES to approve event or NO to decline event)
☐ Campus Police (if needed): _____YES  _____NO  Signature: ___________________________ Date: __________
☐ Building Coordinator (if needed) _____YES  _____NO  Signature: ___________________________ Date: __________
☐ Club/Organization Advisor: _____YES  _____NO  Signature: ___________________________ Date: __________
☐ Director of Student Life: _____YES  _____NO  Signature: ___________________________ Date: __________
☐ Department Chair (if necessary): _____YES  _____NO  Signature: ___________________________ Date: __________
☐ Vice President (if necessary): _____YES  _____NO  Signature: ___________________________ Date: __________

Is student club/organization in good standing (Risk Management completed, missed meetings, etc.)
__________YES  __________NO  (to be approved by Director of Student Life)

Please attach any information that would help in the approval of the event (i.e., flyers, description, benefit information, etc.)

***This form must be submitted to the Student Life Office no later than ONE week prior to event. ***