



NAVARRO COLLEGE

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. *****