

## Student Activities Event Approval Form

FORM MUST BE SUBMITTED TWO (2) WEEKS PRIOR TO	DATE OF EVE	<u>NT</u>	
Your Name:	Phone#: ( )	-	E-mail:
Organization/Club Name:			Advisor Name:
Event Name:			Date: / /
Is this event Education/Leadership/Cultural/Social/Other?			
Is this a Joint Event? If so, with what organization or department.			
Event Description:			
Estimated Attendance: What is the desired learning outcome you hope to achieve from this event or activity:			
Before you submit please included the following documents:			
Quotes			
Location Facilities and Av Service Set-up			
Flyer Approval			
Total cost for event:			
Event Date and Start Time:			Event End Time:
Estimated Number Attending Event:			Room Number/Location:
By my signature, I verify that this event complies with the policies set forth by Polk State College Rules and Procedures and Student Organization Handbook.			
Faculty Moderator/Club Advisor Signature:			Date:

## Please attach a copy of the Event flyer.

Date:

Date:

Club Representative Signature:

Student Activities and Leadership Director Signature: