

Activity Registration Form

This form must be completed and submitted to the Student Activities Coordinator (2M18) a minimum of two (2) weeks prior to the date of the scheduled event.

Name of Activity: _____ Date Submitted: _____

Organization or Group Leader responsible for this activity: _____

Date of Activity: _____ Time of Activity: _____

Location: _____

Expected Number in Attendance: _____

Description of Activity: _____

Purpose of Activity: _____

Outside Speaker(s): _____

NOTE: All formal contracts must be submitted to the Student Activities Coordinator for approval to be considered official. Approval is not granted until signed copy is received by requestor.

Organization Advisor Signature

Date

STUDENT ACTIVITIES OFFICE APPROVAL SECTION

Requested Granted: ____ Requested Denied: ____ By: _____

Reason for Denial: _____