



Date of Application _____

Student Activities Application for Approval of Student Event

SPONSORING STUDENT CLUB/ORGANIZATION INFORMATION

Name of Club/Organization: _____

Contact Name: _____ Phone: _____

VCCS E-mail Address: _____

Signature: _____ Date: _____

EVENT INFORMATION

Name of Event: _____

Location of Event: _____

Has Location Been Approved?: Yes No
(Please submit a copy of the "Application for Campus Activities" form, if applicable)

Description of Event: _____

Date(s): _____ Time: _____

Prices or Charges Involved: _____

Person in Charge: _____ Phone: _____

Person in Charge of Clean-Up: *(If Applicable)* _____ Phone: _____

Club Expenses: *(If Applicable)* _____

Will the Faculty Advisor attend the function? Yes No

If No, who is the designated TCC staff member attending the function? _____

TCC SAC & Personnel Only Below Dotted Line

REQUIRED SIGNATURES

Advisor: _____ Date: _____

Student Government President: _____ Date: _____

Student Activities Coordinator: _____ Date: _____

Student Services Dean: _____ Date: _____

Is an Assumption of the Risk Form required for this event? Yes No