



ASSOCIATED STUDENTS OF COLUMBIA COLLEGE (ASCC) ACTIVITY REQUEST FORM

Application must obtain *all signatures* no later than 10 days prior to event.

Required Supporting Documents:
Minutes, approving event and budget
Statement of Rationale

Event (Type of Activity): _____
Facility Requested: _____
Date(s) Day(s) and of Program: _____
Set up time to begin: _____ Time Program starts: _____
Time Program Ends: _____ Clean up Completed By: _____
Transportation Requested: _____ Destination: _____
Date & Time Leaving _____ Date & Time Returning: _____
Equipment needed: (chairs/tables/power/ trash cans etc.) _____

Sponsor Information:

Sponsoring Organization: _____ Date of Application: _____
Student Chairperson: (Please Print) _____ Phone: _____
Off Campus Speaker/Entertainer/Band: _____
Advisor Attending Event: (Please print) _____ Phone: _____
Event Budget: Expenses: _____ Expected Revenue: _____ Admission: _____

Approvals Signatures:

ASCC Representative: _____	Date _____	Approved	Yes	No
Advisor Attending Event: _____	Date _____	Approved	Yes	No
Student Outreach & Dev. Coord.: _____	Date _____	Approved	Yes	No
Vice President, of Student Services: _____	Date _____	Approved	Yes	No
VP of College & Administrative, Serv.: _____	Date _____	Approved	Yes	No