

Date: \_\_\_\_\_  On Campus  Off Campus

**PLEASE SUBMIT THIS FORM TO THE STUDENT LIFE DEPARTMENT, ROOM 1171 AT LEAST 2 WEEKS PRIOR TO THE PROPOSED ACTIVITY (4 WEEKS PRIOR TO MAJOR EVENTS).**

Organization: \_\_\_\_\_

Type of Activity:  Community  Educational  Fundraising  Social

Other \_\_\_\_\_

Date of Activity: \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Location: \_\_\_\_\_ Cost of Admission \$ \_\_\_\_\_  
(On-Campus Location or Off-Campus Address)

Activity Description:

(If activity is a fundraiser, list items to be sold)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For setup request, please have your advisor fill out a special events form:  
[http://www.mdc.edu/medical/StudentLife/pdf/special\\_events\\_form.pdf](http://www.mdc.edu/medical/StudentLife/pdf/special_events_form.pdf)

How does the activity meet the goals of your organization?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organization Representative: \_\_\_\_\_  
(Print Name) (Signature) (Date)

Organization Advisor: \_\_\_\_\_  
(Print Name) (Signature) (Date)

**FOR OFFICE USE ONLY:**

Student Life Representative: \_\_\_\_\_  
(Print Name) (Signature) (Date)

Approved  Denied—Explanation \_\_\_\_\_