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**MIAMI DADE COLLEGE  
OFFICE OF STUDENT LIFE**

Hialeah\*Homestead\*InterAmerican\*Kendall\*Medical\*North\*West\*Wolfson

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Date Received \_\_\_\_\_

Date Processed \_\_\_\_\_

(office use only)

**ACTIVITY FORM  
CAMPUS GROUP – ON CAMPUS**

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This form should be submitted to the office of **STUDENT LIFE DEPARTMENT** at least one week prior to the date of the proposed activity. Funds sufficient to cover all program expenses must be on hand prior to the date of the activity and the organization sponsoring the event is financially responsible for it in its entirety.

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(Please print)

Date Submitted: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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

Type of Activity: \_\_\_\_\_

Purpose of Activity: \_\_\_\_\_

Date of Activity: \_\_\_\_\_ Time Start \_\_\_\_\_ AM \_\_\_\_\_ PM Time Ends \_\_\_\_\_ AM \_\_\_\_\_ PM

Preferred Location Requested: \_\_\_\_\_

Special Equipment Requested(tables, AV, Chairs, Etc): \_\_\_\_\_

Approximate number of people attending: \_\_\_\_\_

- It is considered the responsibility of the organization sponsoring an activity to see that the facility is clean and orderly upon the completion of the event. The space requests are handled on a first-come, first-served basis and we will do the best we can to accommodate you.
- **Note**-organization's advisors are required to attend organizational meeting, on and off campus activities and act as liaison between groups and the college. Advisors are also required to acknowledge this request form by signing it in the space provided.
- No activity can be approved by STUDENT LIFE until the advisor's signature is secured.

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
PRINT – Representative of Organization

\_\_\_\_\_  
Department Phone#

\_\_\_\_\_  
Student # Phone #

**Processed** \_\_\_\_\_  
Student Life Office(REP)

**Not processed** \_\_\_\_\_  
Student Life Office (REP)

Original: Student Life  
COPY: Organization Representative