

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

How does the activity meet the goals of your organization?

Organization Representative:

(Print Name) (Email) (Phone #)

Organization Advisor:

(Print Name) (Signature) (Date) (Phone Extension)

FOR OFFICE USE ONLY:

Student Life Representative: _____
(Print Name) (Signature) (Date)

Approved Denied—Explanation _____