

Student Organization Activity Request Form

Requesting Organization:						
Event Contact(s):						
Contact Phone #:	Contact Email:	Contact Email:				
Co-Sponsoring Organization(s):						
Date of Event:	Beginning Time:	End Time:				
Name/Title of the Event:						
Please provide a brief description of the event.						
Please include the student learning outcomes for this event.						

Please provide an itemized estimated budget.

Item	Description	Cost
Food		
Materials/Supplies		
Services		
Publicity		
Rentals		
Other		

Cost of student admission:	Total Cost of the Event:	

How will funds raised (if any) be utilized:

Publicity

Club Meetings	Twitter/Facebook	Word of Mouth	Flyers			
Emails	Class Announcement	Phone Calls	Faculty/Staff			
Post event to the FSW Stu	dent Life online calendar:	Yes	No			
	baragraph (100 words or less dvertisements to this reques ution.					
Space Reservations						
Requested Location:		Expected Attendees:				
Room Setup:						
Amount of Tables & Chairs	: Tables	Chairs				
Room Setup:						
Technology/IT Requests:						
Special Requests/Needs:						
Please list any businesses/ involved with this activity:	organizations not affiliated	with Florida SouthWestern	State College that will be			
The signatures of the organizations president and advisor below affirm the information is accurate and that all college policies will be followed.						
President Approval:		Date:				
Advisor Approval:		Date:				
Office of Student Life Use Only						
Received by:		Date Received:				
Approved Decli	ned Comments:					
Processed by:		Date Processed:				