

## **ACTIVITY REQUEST**

I. ACTIVITY REQUEST	INFORMATION		
Student Name	Name of Club/Organization	Today's Date	
Name of Activity	Activity Date/Time	Preferred Activity Location	
		NOTE: ROOM REQUESTS REQU	JIRE A 2 WEEK NOTICE.
Briefly explain how this event v	vill benefit the attending students an	d the campus community a	s a whole:
II. MATERIALS & EXPE	inses		
ITEM WRITE N/A IF NOT APPLICABLE	VENDOR NAME & CO	VENDOR NAME & CONTACT INFO	
Food			
Entertainment/Speaker/DJ			
Decorations			
Miscellaneous			
		TOTAL ESTIMATED EXPEN	SE:
		AVAILABLE CLUB FUN	DS:
**ADDITIONAL FUNDING NEEDED:			ED:
Please explain why additional	al funding is needed:	nt to Studentlife@fsw.edu.foi	approval with this form.
	erouse sy the oras, organization and so		
III. PUBLICITY  Is a copy of the flyer attached t	a this form?	Yes	No
Do you want this activity posted on the Student Life Facebook?		+	No
	vant the post to say (no more than 2	5 words):	
Advisor Signature	vant the post to say (no more than 2)		
Advisor Signature		dent Signature	
Advisor Signature  Received by: Approval to use funds:	Presi	dent Signature	

Student Engagement – 2016