Student Organization Activity Request Form

Requesting Organization: ____________________________________________________________

Event Contact(s): _________________________________________________________________

Contact Phone #: ____________________ 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.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Materials/Supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Services</td>
<td></td>
<td></td>
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<tr>
<td>Publicity</td>
<td></td>
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<tr>
<td>Rentals</td>
<td></td>
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<tr>
<td>Other</td>
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<td>Other</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

Cost of student admission: ________________ Total Cost of the Event: ________________

How will funds raised (if any) be utilized: __________________________________________

This form is due to the Office of Student Life one month prior to the event date.
**Publicity**

- [ ] Club Meetings  
- [ ] Twitter/Facebook  
- [ ] Word of Mouth  
- [ ] Flyers  
- [ ] Emails  
- [ ] Class Announcement  
- [ ] Phone Calls  
- [ ] Faculty/Staff  

Post event to the FSW Student Life online calendar:  
- [ ] Yes  
- [ ] No

If so please email a short paragraph (100 words or less) to the Student Life Specialist. Please attach any flyers/advertisements to this request. These require prior approval from the Office of Student Life before distribution.

**Space Reservations**

<table>
<thead>
<tr>
<th>Requested Location:</th>
<th>Expected Attendees:</th>
</tr>
</thead>
</table>

Room Setup:  

Amount of Tables & Chairs:  
- Tables:  
- Chairs:  

Room Setup:  

Technology/IT Requests:  

Special Requests/Needs:  

**Outside Vendors/Co-Sponsors**

Please list any businesses/organizations not affiliated with Florida SouthWestern State College that will be involved with this activity:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
</table>

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:

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**Office of Student Life Use Only**

- Received by:  
- Date Received:

- [ ] Approved  
- [ ] Declined  
- Comments:  

- Processed by:  
- Date Processed:

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Student Life 8/2014