



# College Activity Request Form

Name of Activity: \_\_\_\_\_

Division / Department: \_\_\_\_\_ Submission Date: \_\_\_\_\_

Sponsor of Event: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Activity Date: \_\_\_\_\_ Activity Time: \_\_\_\_\_

Campus Location: \_\_\_\_\_ Room / Building \_\_\_\_\_

Detailed Event Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reservations for security, maintenance, tables, chairs, a/v equipment, etc. are the responsibility of the contact person.

Activity has been approved by the Bishop State Police Chief. YES NO

Signature / Date \_\_\_\_\_

Activity has been approved by the Executive Director of Facilities. YES NO

Signature / Date \_\_\_\_\_

Activity has been approved by applicable Dean. YES NO

Signature / Date \_\_\_\_\_

Activity has been approved by the President. YES NO

Signature / Date \_\_\_\_\_

Please submit a completed form with handwritten signatures to the President's Office at least two (2) weeks prior to event.

For Office Use Only