



## *Student Activities Event Approval Form*

**FORM MUST BE SUBMITTED TWO (2) WEEKS PRIOR TO DATE OF EVENT**

Your Name:	Phone#: (    )    -	E-mail:
Organization/Club Name:	Advisor Name:	
Event Name:	Date: / /	
<p>Is this event Education/Leadership/Cultural/Social/Other?</p> <p>Is this a Joint Event? _____ If so, with what organization or department.</p> <p>Event Description:</p>          <p>Estimated Attendance: _____</p> <p>What is the desired learning outcome you hope to achieve from this event or activity:</p>          <p>Before you submit please included the following documents:</p> <p>Quotes _____</p> <p>Location _____</p> <p>Facilities and Av Service Set-up _____</p> <p>Flyer Approval _____</p> <p>Total cost for event: _____</p>		

Event Date and Start Time:	Event End Time:
Estimated Number Attending Event:	Room Number/Location:

By my signature, I verify that this event complies with the policies set forth by Polk State College Rules and Procedures and Student Organization Handbook.

Faculty Moderator/Club Advisor Signature:	Date:
Club Representative Signature:	Date:
Student Activities and Leadership Director Signature:	Date:

**Please attach a copy of the Event flyer.**

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*The opinions expressed are not those of the faculty, staff, administration, or students of Polk State College.*