

Activity Application

(must be submitted at least 10 days prior to activity)

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|--------------------------------|--|------------------------|--|
| Club Name: | | | |
| Club President: | | Club Advisor: | |
| Person submitting form: | | Date submitted: | |
| Advisor signature: | | | |

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|------------------------------|--------------------------|
| Location of activity: | Date(s) activity: |
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|-----------------------------|------------------------------|
| Time(s) of activity: | Cost to participants: |
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| Goal of activity: |
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|---------------------------------------|
| Chaperones other than advisor: |
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| Official Use Only: |
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved |
| SAO Coordinator: _____ |
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved |
| Vice President of Student Services: _____ |
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