REQUEST FOR ACTIVITY DATE

Date Submitted: _________________________________

Name of Organization: _________________________________

Activity or Event: _________________________________

Date of Event: _________________________________

Time (hours): _________________________________

Place: _________________________________

Admission Charge: _________________________________

Student Chairperson: _________________________________

(Signature)

Organization Advisor: _________________________________

(Signature)

(Do not write below this line)

Date Open, Use of Facility Granted: _________________________________

Coordinator, Student Activities

Date