

**Bakersfield College Student Activities Office
ACTIVITY/FUNDRAISING FORM**

Date submitted: _____

Event Title: _____ Date of Event: _____

Sponsoring Group: _____ Desired Facility: _____

President Student in Charge: _____ Phone #: _____

Committee Members: _____

Start time of event: _____ Stop time of event: _____

Has "Facilities Request" been submitted? Yes No

Special Equipment Arrangements: _____

Description of Activity: _____

Printing of Tickets: Yes No How Many: _____

Admission Price: Yes No

Food Arrangement: Yes No

Parking Arrangement: Yes No

Person Responsible for Accounting for Profit Loss and Materials: _____

Budget Account: _____ Available Budget Amount: _____

AFTER EVENT:

Have you returned supplies to proper storage area? Yes No

Have you submitted a report to Student Activities Director? Yes No

APPROVAL:

Department Division Club Advisor: _____ Date: _____

Dean of Students: _____ Date: _____