

Contra Costa Community College 2600 Mission Bell Drive San Pablo, CA 94806

Contra Costa Community College District Contra Costa Community College

CLUB ACTIVITY / EVENT REQUEST FORM

Applicant's Name	Phone Number	Email
Name of Club	Date of Event	Time of Event
Location:		
Where will this event take plac □ Fireside Room	ce (please select one):	☐ Recreation Room
☐ ASU Chambers	☐ Amphitheater	□ QUAD
□ Other:	·	
Activity / Event Title:		
Purpose of Activity / Event:		
Description:		
Is this a public event Estimated number of attendee	☐ Yes ☐ No)
Will this event have an admission for		is the cost of admission \$
Does your club need a cash box	□ Yes □ No)
Will food be served? Prepackaged From Restaurant	☐ Yes ☐ N ☐ Yes ☐ N ☐ Yes ☐ N	0
Serving food from a re		ttain a copy of their health permit
ITEMS TO SELL:		. C. rriic r. Cruiny
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GIVEAWAYS:		· · · · · · · · · · · · · · · · · · ·
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YOU MUST SUBMIT THIS FORM FOR APPROVAL TO THE STUDENT LIFE DEPARTMENT AT LEAST <u>TWO WEEKS</u> <u>PRIOR TO THE DATE OF YOUR EVENT.</u> IF YOU DO NOT ADHERE TO THIS DEADLINE YOUR EVENT REQUEST FORM WILL BE CONSIDERED <u>INCOMPLETE</u> AND <u>YOUR EVENT WILL BE CANCELED.</u>

Updated: 10/23/12



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Is this event a fundraiser? If yes, please fill out the FUNDRAISING F	□ Yes □ No FORM			
lave you made a flyer for this event ☐ Yes ☐ No If yes, submit a copy along with this form. Flyers must be approved before posting.				
Have you made a banner for this event If yes, submit a copy along with this form.	□ Yes □ No Banners must be app	roved before posting.		
Have you contacted the Advocate If you would like the advocate to cover you	\square Yes \square No ur activity / event, ema	ail <u>aeditor@contracosta.edu</u>		
Will this event require an email blast If yes, you must include all of the informati time, location, description of event, etc.)	☐ Yes ☐ No ion you would like to b	pe included in the email blast (include date,		
FOR OFFICE USE ONLY:				
Club Advisor's Approval	Ext.	Date Submitted		
Student Life Approval		Date Approved		