



Student Organization Meeting/Table Request Form

Student Organization Name: _____

In order to ensure all clubs and organizations on campus are given proper facilities and equipment, no meetings or events will be scheduled without the full completion of all Center for Student Involvement Forms. This includes all required signatures. Upon completion of this form, please return the form to the Center for Student Involvement in COM 309. Once processed, the CSI will send a confirmation email.

Please complete **all** of the fields below.

_____ Table Request _____ Meeting Request

**If you need both a table and a meeting, a separate form must be filled out for each request.*

**Table Requests require a minimum of 2 persons to work the table throughout the event.*

Date(s) Requested: _____

Beginning/End Time: _____

Requested Table/Room: _____ Number of Participants: _____

Equipment Needed: (Computer, Projector, TV, Cash Box, Etc.) _____

Student Contact Information

First Name: _____ Last Name: _____

Student Club/Organization Name: _____

Email Address: _____ Phone Number: _____

Advisor Information

First Name: _____ Last Name: _____

Department: _____

JCCC Email Address: _____ Extension: _____

Signature: _____ Date: _____

**Advisor Signature is required to ensure we have the correct information for all club requests*

Other Information: _____

Table/Room Scheduled: _____

Notes: _____