



ASSOCIATED STUDENTS OF COLUMBIA COLLEGE (ASCC) ACTIVITY REQUEST FORM

Application must obtain *all signatures* no later than 10 days prior to event.

Required Supporting Documents:

Minutes, approving event and budget
Statement of Rationale

Event (Type of

Activity): _____

Facility Requested: _____

Date(s) Day(s) and of Program: _____

Set up time to begin: _____ Time Program starts: _____

Time Program Ends: _____ Clean up Completed By: _____

Transportation Requested: _____ Destination: _____

Date & Time Leaving _____ Date & Time Returning: _____

Equipment needed: (chairs/tables/power/ trash cans
etc.) _____

Sponsor Information:

Sponsoring Organization: _____ Date of Application: _____

Student Chairperson: (Please Print) _____ Phone: _____

Off Campus Speaker/Entertainer/Band: _____

Advisor Attending Event: (Please print) _____ Phone: _____

Event Budget: Expenses: _____ Expected Revenue: _____ Admission: _____

Approvals Signatures:

ASCC Representative: _____ Date _____ Approved Yes No

Advisor Attending Event: _____ Date _____ Approved Yes No

Student Outreach & Dev. Coord.: _____ Date _____ Approved Yes No

VP of Student Services: _____ Date _____ Approved Yes No

VP of College & Administrative, Serv...: _____ Date _____ Approved Yes No

Vice President, for Student Learning: _____ Date _____ Approved Yes No