

## Student Activity Approval Form

*This form must be completed and turned in to the SGA Vice-President's mailbox a minimum of three weeks prior to any activity, along with drafts of any posters and/or fliers for the event, and all supporting documentation (quote forms, advertising, etc).*

If requesting a room, be specific of which room is needed so an additional form can be given to you.

Also, (if applicable), a trip itinerary, list of those attending, and any completed and signed release forms must be turned in at least one week prior to the activity.

The Club President and Advisor must sign the bottom of this form.

If you have any questions, contact the SGA Vice-President in the SGA office (Room 105A) or call 717-358-2857.

\_\_\_\_\_ Date

\_\_\_\_\_ Date & time requested for activity/facility

\_\_\_\_\_ Name of student organization

\_\_\_\_\_ Student responsible for the event

Name and title of event/activity plus a brief description:

\_\_\_\_\_

Facilities/Room(s)\* Needed

Equipment\*\*

\_\_\_\_\_

In order to use campus facilities (i.e. meeting rooms, classrooms, outside grounds) you must contact, Student Life Office, Main 105, 358-2858. It is recommended that prior to planning an event you should check space availability. Any audio/visual equipment or special request must be made at the time of your room request.

### Money

\_\_\_\_\_ Estimated Income

\_\_\_\_\_ Estimated Expenditure

\_\_\_\_\_ Cost for Students

\_\_\_\_\_ Cost for Non-Students (guests)

### Additional Fundraiser Information:

\_\_\_\_\_ Company

\_\_\_\_\_ Contact Person

\_\_\_\_\_ Phone #

\_\_\_\_\_ Start Date

\_\_\_\_\_ End Date

\_\_\_\_\_ Proposed Delivery Date

Payment Scheduling:

- Payment due with order  
 Payment due on delivery

Payment Methods Accepted:

- Cash     Credit Card     Business Check  
 Will bill/invoice on or after delivery

Please be sure to attach any literature from the fundraising company, and whatever fliers will be used.

### Approval Signatures

\_\_\_\_\_ SGA Secretary

\_\_\_\_\_ Date

\_\_\_\_\_ SGA Treasurer

\_\_\_\_\_ Date

\_\_\_\_\_ SAC Vice President

\_\_\_\_\_ Date

\_\_\_\_\_ SGA President

\_\_\_\_\_ Date

\_\_\_\_\_ SGA Advisor

\_\_\_\_\_ Date

\_\_\_\_\_ Campus Dean of Student Affairs

\_\_\_\_\_ Date

### Club Signatures

\_\_\_\_\_ Club President / Committee Chair

\_\_\_\_\_ Date

\_\_\_\_\_ Advisor's Signature

\_\_\_\_\_ Date

**Advisor, please check one:**     I will be attending the activity  
 I will NOT be attending the activity

Substitute Faculty or Staff Member who will attend activity (if applicable)

\_\_\_\_\_ Date