Coahoma Community College
Division of Student Affairs

Office use only!
Date submitted:
_____

Student Activities Form

PLEASE NOTE:

- **The college reserves the right to cancel a reservation for special and/or unforeseen circumstances, although every effort will be made to honor scheduling.**
- **A permit will be issued when approval for the event is granted.**
- **To avoid any delays in processing and receiving approval for your program, complete each line as indicated.**
- **Incomplete forms will not be processed.**
- **All forms must be submitted to the Division of Student Affairs at least two weeks prior to the event. Any forms submitted after this time may not be scheduled due to improper notice.**
- **ACTIVITIES ARE NOT TO BE HELD DURING THE LAST TWO WEEKS OF A SEMESTER!**

Requestor Information

Name of Organization requesting space/activity | Name of person requesting space/activity

Requestor's phone number | email address

Advisor's Name | extension | email address

Name of facility requested (1st Choice) (2nd Choice)
Any room reservation that exceeds the normal business or operating hours of the facility will require Coahoma Comm. College Campus Police present.

Date of event/ activity/solicitation (1st choice) (2nd choice)

Event starting time | Event ending time
The event start time and end time should include time to set up and breakdown the event. Decorating will only be allowed the day of the event unless otherwise authorized with facility director.

Event title

Expected Attendance (Number) | Expected Audience

Please describe your event in detail *(use attachment if necessary):* _____

Type of event: ____ meeting ____ guest speaker _____ presentation _____ dance/party _____ experience event

____ reception/banquet _____ other (please describe) _____

Will money be collected for this event? ____ yes ____ no How? _____

Who will collect the revenue? _____

Will campus police be needed for this event? _____ yes _____ no

Signatures

_____ _____
Unit Dean Date | Club/Organization Advisor Date

_____
Student Support Services Coordinator Date

_____ _____
Dean of Student Affairs Date | Dean of Student Affairs Disapproved Date