

Coahoma Community College Division of Student Engagement

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.

Director of Campus Safety

- All forms must be submitted to the Division of Student Engagement 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 ema	il address		_
Advisor's Name exte	nsion	email address	_
Name of facility requested (1st Choice) Any room reservation that exceeds the normal business of Campus Police present.	r operating hou	(2 nd Choice) urs of the facility will require Coahoma Community College	_
Date of event/ activity/solicitation (1st choice)		(2 nd choice)	_
Event starting time The event start time and end time should include time to set the event unless otherwise authorized with facility director.		iding time own the event. Decorating will only be allowed the day of	_
Event title			_
Expected Attendance (Number) Expected Ex	sary):		-
			- -
Type of event: meeting guest speaker other		ion dance/party experience event	
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		
	<u>Signatures</u>		_
Unit Dean or Director I	Date	Club/Organization Advisor	Date
Student Activities Coordinator I	Date	Director or Assistant Director of Student Engagement	Date

Date