



ACTIVITIES ACTION FORM

This form can be used to propose meetings, purchases, programs, and events for clubs.
This form can only be processed for sanctioned clubs.

Must be submitted 3 weeks prior to the event date with any needed additional forms.

INFORMATION

Club Name: _____ Advisor: _____

Club Member: _____ Contact: _____

ASG Staff Approval: _____ Date: __/__/__

ACTIVITY

- | | | |
|---|---|--|
| <input type="checkbox"/> Room Request | <input type="checkbox"/> Food Request | <input type="checkbox"/> Print Request |
| <input type="checkbox"/> Purchase Request | <input type="checkbox"/> Event/Activity Request | <input type="checkbox"/> Other: _____ |

Activity Title: _____

Activity Date(s): _____ Location: _____

TIME: (Include Set-up/Cleanup) _____ Anticipated Attendance: _____

ACTIVITY	DESCRIPTION:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CLUB COLLABORATION Yes No If yes, Who? _____

FUNDING REQUEST

Please **estimate** your expenses and revenue for this event. The estimation helps with deciding which forms and processes will be needed to make this request happen.

Category	Description	Cost Estimate
Supplies/Materials		
Promotions		
Food		
Speaker/Performer		
Other		
Revenue		
Total Expenses for Event or Activity		

ADDITIONAL FORMS / NEEDS

Forms required to process request. All forms are available **online**. If assistance is needed, please work with **CLA Staff**.

- | | |
|---|--|
| <input type="checkbox"/> Vendor Letter
<input type="checkbox"/> W-9
<input type="checkbox"/> Consultant Agreement
<input type="checkbox"/> Invoice-Payment Voucher
<input type="checkbox"/> Light Refreshment Form
<input type="checkbox"/> Meeting Agenda/Program | <input type="checkbox"/> Travel Authorization
<input type="checkbox"/> Travel Expense form
<input type="checkbox"/> Assumption of Risk and Release
<input type="checkbox"/> On and Off Campus Conduct Form
<input type="checkbox"/> Van Request
<input type="checkbox"/> Other: _____ |
|---|--|

By signing below, you affirm that the information provided is true and correct. You also affirm that you have your advisor's approval for this request.

Club Member Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____

Campus Life Office Use Only

MANAGER OF STUDENT ACTIVITIES SIGNATURE: _____ Date: _____

Please submit this form to the Campus Life and Activities Center | Downtown C 301