

**STUDENT ORGANIZATION
REQUEST FOR ACTIVITY**

UNIVERSITY OF ARKANSAS AT PINE BLUFF

PLEASE TYPE OR PRINT

ORGANIZATION _____ DATE OF REQUEST _____

DATE OF EVENT _____ TIME _____

BUILDING/ROOM REQUESTED _____

CONTACT PERSON _____

DESCRIPTION OF EVENT:

{ } MEETING

{ } MEMBERSHIP INTAKE

{ } OTHER _____

WE AGREE THAT IF THIS REQUEST IS APPROVED:



This form will be returned to the Office of Student Involvement and Leadership seven days prior to the activity.



No activity or meeting will be held unless an advisor is present.



The place of meeting or activity is left clean and in order.



No meeting, other than the one above, will be held without prior approval.

I will _____ will not _____ attend activity **Signature: ADVISOR** _____

_____ will serve as chaperone **SIGNATURE** _____

Signatures: PRESIDENT _____ **BUILDING SUPERVISOR** _____

Signature: UNIVERSITY POLICE _____

APPROVED: _____ **DATE** _____

OFFICE OF STUDENT INVOLVEMENT AND LEADERSHIP