

# 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**

