



SRC CLUBS EVENT REQUEST—DOWNTOWN CAMPUS

OFFICE USE

DATE RECEIVED	INITIALS
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CLUB NAME	EVENT DATE
PROPOSED EVENT	EVENT TIME from _____ to _____
PURPOSE OF EVENT	
DESIRED LOCATION FOR EVENT <input type="checkbox"/> St. Clair Centre for the Arts <input type="checkbox"/> MediaPlex <input type="checkbox"/> TD Student Centre <input type="checkbox"/> Zekelman Building <input type="checkbox"/> Specific location within a building _____ # of Attendees expected _____ Other _____	# OF TABLES/CHAIRS REQUIRED PRINTING AMOUNTS REQUIRED (please provide digital copy) <input type="checkbox"/> 8.5 X 11 _____ <input type="checkbox"/> 11 x 17 _____ <input type="checkbox"/> 24 x 36 _____ (large scaled events only)
OFFERINGS <input type="checkbox"/> Cash box <input type="checkbox"/> Popcorn machine <input type="checkbox"/> Popcorn kernel packages Qty: _____ <input type="checkbox"/> Popcorn bags Qty: _____	ADDITIONAL DETAILS

APPROVAL		
_____ Signing Authority Printed	_____ Signed	_____ Date
_____ Signing Authority Printed	_____ Signed	_____ Date
_____ Signing Authority Printed	_____ Signed	_____ Date
_____ Clubs & Volunteer Coordinator		_____ Date
_____ Manager of Student Experience		_____ Date