



SRC CLUBS EVENT REQUEST—SOUTH CAMPUS

OFFICE USE

DATE RECEIVED	INITIALS
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CLUB	EVENT DATE
PROPOSED EVENT	EVENT TIME from _____ to _____
PURPOSE OF EVENT	
DESIRED LOCATION FOR EVENT <input type="checkbox"/> Student Life Centre Stage/Common Area <input type="checkbox"/> Student Life Centre Food Kiosk <input type="checkbox"/> Alcove 1 <input type="checkbox"/> Alcove 2 <input type="checkbox"/> Alcove 3 <input type="checkbox"/> Other _____ # of Attendees expected _____	# OF TABLES/CHAIRS REQUIRED PRINTING AMOUNTS REQUIRED <small>please provide digital copy</small> <input type="checkbox"/> 8.5 X 11 _____ <input type="checkbox"/> 11 x 17 _____ <input type="checkbox"/> 24 X 36 _____ <small>large scale events only</small>
EQUIPMENT NEEDED <small>Check all that apply</small> <input type="checkbox"/> Speakers w/ aux cable <input type="checkbox"/> Table Cloth (plain black) <input type="checkbox"/> Cash box	FOOD SERVICE MACHINES <small>Please let us know quantities of supplies needed</small> <input type="checkbox"/> Popcorn Machine <input type="checkbox"/> Ice Cream Machine <input type="checkbox"/> Cotton Candy Machine <input type="checkbox"/> Griddle <input type="checkbox"/> Snow Cone Machine

APPROVAL		
_____ Signing Authority Name	_____ Signature	_____ Date
_____ Signing Authority Name	_____ Signature	_____ Date
_____ Signing Authority Name	_____ Signature	_____ Date
_____ Clubs & Volunteer Coordinator		_____ Date