# Activities Request Form

<table>
<thead>
<tr>
<th>Club Name</th>
<th>Student Contact’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Email</th>
<th>Student Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>@insite.4cd.edu</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Advisor Name</th>
<th>Advisor Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Title of Activity/Event:**

**Briefly describe activity/event (Attach a separate sheet if needed):**

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**The Proposed Activity/Event:** *(Please check all that apply)*

- [ ] equipment/supply purchase
- [ ] is a concert or live performance
- [ ] involves the serving of food
- [ ] involves cash handling/fundraising
- [ ] involves ticket sales
- [ ] field trip/conference
- [ ] has an expected attendance over 100
- [ ] T-shirt printing (logo must be approved by Student Life)
- [ ] will be held on-campus – see reverse side of form
- [ ] will be held off-campus – Location:

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**My activity/event will require student organization funds?** *(i.e. club, ICC or ASDVC funding)*

- [ ] YES
- [ ] NO

*If yes, you must attach an Event Budget Breakdown (and, if necessary, an ICC and/or ASDVC Funds Request form)*

**Activity/Event is Open to the Public:**

- [ ] YES
- [ ] NO

**Est. # of Attendees:**

**Admission Fee?**

- [ ] YES
- [ ] NO

*If YES, enter amount of admission fee below:

**General Admission/Fee:** $______

**ASDVC Sticker Discount Price/Fee:** $______

**Other Price/Fee:** $______

List all merchandise to be sold (and pricing) or distributed and attach a copy of any logo designs to be approved by the Student Life Office:

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**Will food be served?**

- [ ] YES
- [ ] NO

*If YES, who is providing the food?*

- [ ] DVC Cafeteria
- [ ] HRM
- [ ] Off-campus caterer**

*If using DVC Cafeteria or HRM, I have already met with the Cafeteria/Norseman manager to discuss my catering needs:*

- [ ] YES
- [ ] NO

*If YES, enter date of meeting*

** All food must be served indoors. Food is not allowed in classrooms, so you must reserve a conference room to provide food.

**For all off-campus catering at events open to the public, Contra Costa County requires a Temporary Food Event permit be obtained. The application fee is $39 and is due to the County office THREE WEEKS before the date of your event.

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**When do you want to have your event?**

<table>
<thead>
<tr>
<th>Preference</th>
<th>Day of Week</th>
<th>Date</th>
<th>Entry Time (set-up)</th>
<th>Event Start-Time</th>
<th>End Time/Clean-Up</th>
<th>Exit Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample event</td>
<td>Monday</td>
<td>February 24</td>
<td>3:30pm</td>
<td>4:00pm</td>
<td>6:00pm</td>
<td>6:30pm</td>
</tr>
<tr>
<td>1st</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>2nd</td>
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<tr>
<td>3rd</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

→ Room reservations allow 30 mins before and after event for set-up/clean-up
→ Media technicians need 1 hour before and after event for set-up/break-down
**SELECT FACILITIES FOR WHICH YOU ARE APPLYING**

<table>
<thead>
<tr>
<th>Student Union Bldg</th>
<th>Other Rooms</th>
<th>Athletic Fields</th>
<th>San Ramon Campus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conference Room (74)</td>
<td>Trophy Room (100)</td>
<td>Football Field</td>
<td>W-204</td>
</tr>
<tr>
<td>Club Room (25)</td>
<td>Diablo Room (250)</td>
<td>Soccer Field</td>
<td>Classroom #____________</td>
</tr>
<tr>
<td>Club Conf Room A (15)</td>
<td>BFL Conf. Room (70)</td>
<td>Gymnasium</td>
<td></td>
</tr>
<tr>
<td>Club Conf Room B (15)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Club Conf Room C (15)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Union Plaza</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duck Pond Patio</td>
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Note: Seating capacity noted in parenthesis. If requesting rooms outside the Student Union Building, the turnaround time on confirming the reservation will take longer due to coordination with other departments. Also, fees may be required for use of an operator/technician. **Your club must have adequate funding before your event is approved.**

**Room Arrangement: (Please check one)**

- [ ] Auditorium Style
- [ ] Classroom Style
- [ ] Other Style (Please sketch below)
- [ ] U-Shape Style
- [ ] Hollow Square Style
- [ ] Classroom Style
- [ ] Other Style (Please sketch below)

Note: If using rooms within the Student Union building, you are responsible for set-up and clean-up.

**MEDIA EQUIPMENT REQUIRED**

**Audio Requests**

- Playback Format: [ ] CD [ ] MP3 Player
- Mics: ________ [enter # needed]
- Amplified sound system: [ ] YES [ ] NO

**Video/Projection Requests**

- TV Monitors: [ ] 1 [ ] 2
- LCD Projector: [ ] YES [ ] NO
- Playback Format: [ ] DVD [ ] VHS

**Laptop Usage**

- I will be using a laptop: [ ] YES [ ] NO [ ] You must bring and operate your own laptop

- Type: [ ] MAC [ ] PC
- Purpose: [ ] Internet Browsing [ ] PowerPoint Presentation
- [ ] Playing a DVD/CD [ ] Other _________________________

[Note: An internet connection cannot be guaranteed. You must have your media in a hardcopy format (e.g. DVD, CD, portable drive, etc.)]

* Fee may be required for a technician to operate the media equipment. **Your group must have adequate funding before your event is approved.** Plan 1 hour of set-up time and 1 hour of break-down time for the technician.

**AS THE STUDENT, I have read and agree to abide by**

and enforce the Student Life Office, College and District rules, regulations and policies regarding the use of these facilities and club activities.

Student Name (print) ____________________________
Student's Signature ____________________________
Date ____________________________

**AS THE ADVISOR, I understand that I am responsible for**

the group's activities as well as the group's liability and

I will be present for the duration of the event.

Advisor Name (print) ____________________________
Advisor's Signature ____________________________
Date ____________________________

**FOR OFFICE USE ONLY**

Date packet sent to Student Life Manager: _______/_____/______

1) Activity approved? Y [ ] N [ ] BY: _____________________________ Date: _______/_____/______
   Manager Comments: ___________________________________________________________________________________

2) Activity approved? Y [ ] N [ ] BY: _____________________________ Date: _______/_____/______
   Manager Comments: ___________________________________________________________________________________

Date approval memo sent to club & advisor: _______/_____/______