Activity Proposal Memo

Instructions: This memo must be submitted to the Student Life Office prior to submitting an Activities Request Form. PLEASE TYPE OR PRINT LEGIBLY. Further guidance regarding necessary forms and next steps will be sent to the applicant via email approximately 2 business days after submission (NOTE: Fridays are not considered business days).

Date: ____________________________

Who: Club/Organization Name: ____________________________ Club/Organization Advisor(s): ____________________________

Applicant Name: ____________________________ Primary Phone: ____________________________ Email: ____________________________@insite.4cd.edu (DVC Insite Email is required)

Co-Sponsorship with another club/department?  □ No  □ Yes, list name(s): ____________________________

(i.e., Will any club or outside agency be assisting with financial support, promotions, volunteers, etc.?)

What: Title of Event: ____________________________

Food?  □ No  □ Yes ---> If ‘yes’, specify if using on or off campus catering: ____________________________

Financial Transactions?  □ Yes  □ No (i.e., ticket sales, entry fee, use of club/organization funds to purchase food, supplies, etc.)

Fundraiser?  □ Yes  □ No

Media Needs?  □ Yes  □ No

When: Proposed date(s) and time(s): ____________________________

Where: Desired Location (on or off campus): ____________________________

How: Funding needs (Check all that apply):  □ None  □ Club funds  □ ASDVC funds  □ ICC funds

Brief description of expected costs: ____________________________

Why: Purpose of event (how does event relate to purpose of the club):

________________________________________

________________________________________

________________________________________
If you have any questions about this form or your proposed activity, please call 925-969-4267 or stop by the Student Life Office during business hours.
OFFICE STAFF USE ONLY

MEETING NEEDED: □ No  □ Yes
MEETING SCHEDULED: □ Yes → MEETING DATE/TIME:______________________________

FORMS NEEDED:

☐ Activity Request Form  ☐ Deadline:____________________  ☐ Received:____________________
☐ Cash Handling Forms/Checklist  ☐ Deadline:____________________  ☐ Received:____________________
☐ ASDVC/ICC Funds Request Form  ☐ Deadline:____________________  ☐ Received:____________________
☐ Budget Breakdown  ☐ Deadline:____________________  ☐ Received:____________________
☐ Temporary Food Permit  ☐ Deadline:____________________  ☐ Received:____________________
☐ Conference Attendance, College Medical, Consent & Release Form  ☐ Deadline:____________________  ☐ Received:____________________
☐ Voluntary Activities Participation Form  ☐ Deadline:____________________  ☐ Received:____________________
☐ Student Union Building Use Form  ☐ Deadline:____________________  ☐ Received:____________________
☐ Logo/Art Work to be approved  ☐ Deadline:____________________  ☐ Received:____________________

MEDIA/FACILITIES NEEDED: □ No  □ Yes
INITIAL HEADS-UP: __________________________
FORM SUBMITTED: __________________________

DETAILS:

_________________________________________________________________________________
_________________________________________________________________________________

DENIED  □ Yes  □ No
DENIAL REASON:

_________________________________________________________________________________
_________________________________________________________________________________

PENDING APPROVAL  □ Yes  □ No
DETAILS NEEDED:

_________________________________________________________________________________
_________________________________________________________________________________

STATUS NOTIFICATION DATE :______________________________