

Reading Area Community College - Student Activities
CLUB ACTIVITY REQUEST FORM

Club Sponsoring Activity: _____

Type of Activity: _____

Activity Date: _____ Activity Time: _____

Location of Activity: _____

Brief description of Activity: (if needed, please attach additional documentation)

Advisor or staff person who will supervise activity: _____

Contact person: _____ Phone: _____

Price for admission/Price for sale of items: _____

Approximate Cost of the Event: _____

Funds for this event have been approved _____ Yes _____ No

Certificate of insurance on file _____ Yes _____ No _____ Not required

Will proceeds be shared with any other person or group? Yes No N/A

If yes, please attach a brief description of how the funds will be divided and with whom

Facility Use Form Submitted: Yes No *(if needed, please attach copy)*

Does the activity involve travel? Yes No

If yes, have the following required forms been completed?

Waiver form Yes No

Emergency Notification Form Yes No

Does the activity involve off-campus donations or fundraising? Yes No

If yes, please contact the Foundation Office and obtain signature

Foundation Office: _____ Date: _____

Required Signatures:

Club Officer: _____ Date: _____

Club Advisor: _____ Date: _____

Coordinator of Student Activities: _____ Date: _____

Dean of Student Affairs: _____ Date: _____