



# SRC CLUBS EVENT REQUEST—DOWNTOWN CAMPUS

OFFICE USE

DATE RECEIVED	INITIALS
---------------	----------

CLUB NAME	EVENT DATE
PROPOSED EVENT	EVENT TIME
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 Success Centre <input type="checkbox"/> Riverside 1 Building <input type="checkbox"/> Specific location within a building _____ 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 _____
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

<b>APPROVAL</b>	
_____	_____
Signing Authority Printed	Signed _____ Date _____
_____	_____
Signing Authority Printed	Signed _____ Date _____
_____	_____
Signing Authority Printed	Signed _____ Date _____
_____	_____
Club Liaison	Signed _____ Date _____
_____	_____
Manager of Student Experience	Signed _____ Date _____