



SRC CLUBS EVENT REQUEST—DOWNTOWN CAMPUS

OFFICE USE

DATE RECEIVED	INITIALS
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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"/> Specific location within the building _____ Other _____	# OF TABLES/CHAIRS REQUIRED
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

APPROVAL		
_____	_____	_____
Signing Authority Printed	Signed	Date
_____	_____	_____
Signing Authority Printed	Signed	Date
_____	_____	_____
Signing Authority Printed	Signed	Date
_____	_____	_____
Club Liaison		Date
_____	_____	_____
Manager of Student Experience		Date