



# SRC CLUBS EVENT REQUEST—SOUTH CAMPUS

OFFICE USE

DATE RECEIVED	INITIALS
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CLUB	EVENT DATE
PROPOSED EVENT	EVENT TIME
PURPOSE OF EVENT	
DESIRED LOCATION FOR EVENT <input type="checkbox"/> Student Life Centre Stage/Common Area <input type="checkbox"/> Student Life Centre Food Kiosk <input type="checkbox"/> Alcove 1 <input type="checkbox"/> Alcove 2 <input type="checkbox"/> Alcove 3 <input type="checkbox"/> 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 _____
EQUIPMENT NEEDED (check all that apply)  <input type="checkbox"/> Speakers w/ aux cable <input type="checkbox"/> Microphone <input type="checkbox"/> Cash box <input type="checkbox"/> Table Cloth	FOOD SERVICE MACHINES  <input type="checkbox"/> Pop Machine <input type="checkbox"/> Ice Cream Machine <input type="checkbox"/> Popcorn Machine <input type="checkbox"/> Hot Dog Roller <input type="checkbox"/> Cotton Candy Machine <input type="checkbox"/> Snow Cone Machine

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

