



Lake Tahoe Community College Student Activities CLUB ACTIVITY APPROVAL FORM

Scheduling Office must receive **APPROVED** Club Activity Form **AND** Internal Application for Use of Facilities Form One (1) Week **PRIOR** to event to book on-campus rooms and facilities.

Club Sponsoring Activity: _____

Type of Activity: _____

** If activity involves travel, have all appropriate forms been completed?*

Waiver Form? Yes No

Emergency Notification Form Yes No

Activity Date: _____ Activity Time: _____

Contact person: _____ Phone/Cell/Ext: _____

Advisor or staff person who will supervise activity: _____

Club Officer Signature: _____ Date: _____

Club Advisor Signature: _____ Date: _____

Please circulate through the following offices applicable to the activity/meeting:

Foundation Office

Signature Required for ANY Off-Campus Donations/Requests (e.g. ~ Raffle Prizes)

Foundation Director: _____ Date: _____

Fiscal Services Office

Signature Required for ANY Event Sales/Donations

Fiscal Services Representative: _____ Date: _____

(* Does Activity Require a Cash Box? Yes No) (*\$25 Change Needed? Yes No)

One Stop Office

ALL Events Require Deans Signature

Executive Dean of Student Success: _____ Date: _____

Scheduling Office

ALL Events Require One Week Notice for Approval & Attached Internal Facilities Form

Scheduling Office: _____ Date: _____

Original/completed forms are to be returned to the Office of Student Life, Room E101