



STUDENT ACTIVITIES FORM PROGRAM PROPOSAL & FUNDING FORM

Student Center, Room 519 activities@tc3.edu | 607-844-8222, ext. 4442



Submit this completed request at least three (3) weeks prior to the event date to the Student Activities Office in Room 519 in the Student Center. You may be required by Student Activities to submit additional information or meet with the department staff before this program is approved. **COMPLETED FORMS MUST INCLUDE YOUR ADVISOR'S SIGNATURE.**

CONTACT INFORMATION *(NOTE: you will be the main contact person for this event for all future event related communication)*

Today's Date: _____

Club/Organization Name: _____

Name of student completing this form: _____

Your TC3 Email: _____@mymail.tc3.edu

Your Cell Phone #: _____ Text Friendly? YES NO

EVENT DETAILS

Event Name: _____ Event Date: (m)_____(d)_____(y)_____

Event Start Time: _____ Event End Time: _____

Event Set Up Time: _____ Event Breakdown/Clean-Up Time: _____

Anticipated attendance: _____ Will you charge admission: yes no
If yes, how much? \$ _____

Space Requested: Student Center Main Lounge Student Center Conference Room Athletic Facility
 a classroom The Forum other: _____

If other, please list: _____

(if you are requesting a specific classroom, please check 'a classroom' and write the specific room number on this line)

Brief description of event and how it connects to the mission of the club:

Will non-TC3 members invited to this event? yes no

EVENT DETAILS (cont'd)

FOOD:

We plan to have food at the event: yes no

If yes, please describe the type of food:

NOTE: Food for events must be ordered through our on-campus vendor, American Food and Vending, unless special arrangements are made in advance.

AUDIO VISUAL SERVICES: (check all that apply)

- Microphone on podium
- Wireless Microphone (s)
- Lapel Microphone (clips to shirt)
- Laptop
- LCD Projector and Screen
- CD Player
- iPod/MP3 player hook up
- Special Lighting
- Internet Connection

- Other: (please describe)

Room Set Up Requirements: (check all that apply)

- Flip Chart/Easel/Markers
- Podium
- Stage
- Tables for food, check-in, etc. – how many? _____
- Special Room Arrangement (please describe below)

ADVISOR PRESENCE:

By signing this form, I agree that I will be present at this event. If I am not able, I have helped the club secure a chaperone that is either a TC3 or FSA employee. I have also reviewed the event details with the club members and approve of the program.

Will your advisor be present at the event? yes no

If no, who will chaperone the event: _____

Advisor Signature: _____

Date: _____

REQUEST FOR FUNDING

PROGRAM/EVENT SUPPLIES (Attach back-up documentation that supports quoted fees whenever possible)

Item description:	TOTAL REQUESTED: _____	TOTAL APPROVED SGA: _____
		TOTAL APPROVED CLUB: _____

PERFORMER/SPEAKER FEE (Attach a copy of the contract as well as any associated costs for lodging and travel)

Performer Fee: _____	TOTAL REQUESTED: _____	TOTAL APPROVED SGA: _____
Travel Costs: _____		TOTAL APPROVED CLUB: _____
Lodging Costs: _____		

FOOD/CATERING (Attach back-up documentation that supports quoted fees whenever possible)

<i>On-campus events must order food through American Food and Vending unless otherwise approved.</i>	TOTAL REQUESTED: _____	TOTAL APPROVED SGA: _____
Description:		TOTAL APPROVED CLUB: _____

MISCELLANEOUS (Attach back-up documentation that supports quoted fees whenever possible)

Description:	TOTAL REQUESTED: _____	TOTAL APPROVED SGA: _____
		TOTAL APPROVED CLUB: _____

GRAND TOTAL REQUESTED:	SGA TOTAL APPROVED:
	Remaining Balance:

Signature of student completing this form: _____ Date: _____

FOR OFFICE USE ONLY - Additional Comments/Notes/Follow-Up Required:

Student Activities Signature: _____ date: _____