



## STUDENT ACTIVITIES FORM PROGRAM PROPOSAL FORM

Student Center, Room 519 | [activities@tc3.edu](mailto:activities@tc3.edu) | 607-844-8222, ext. 4442

Submit this completed request at least two (2) 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 communications)

Today's Date: \_\_\_\_\_

Club/Organization Name: \_\_\_\_\_

Name of student completing this form: \_\_\_\_\_

Your TC3 Email: \_\_\_\_\_@mymail.tc3.edu

Your Phone #: \_\_\_\_\_

**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)

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)

Event Type:  Fundraiser  Educational/Lecture  Entertainment (music, comedy, etc.)  
 Social Gathering  Workshop/Training  Other

(please continue on back)

**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)
- Laptop
- LCD Projector and Screen
- CD Player
- iPod/MP3 player hook up
- Special lighting
- Internet Connection
- Other: (please describe)

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

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

**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.

Advisor Signature: \_\_\_\_\_ date: \_\_\_\_\_

Will your advisor be present at the event?  yes  no

If no, who will chaperone the event: \_\_\_\_\_

Student Activities Signature: \_\_\_\_\_ date: \_\_\_\_\_

Additional Comments/Notes/Follow-Up Required: