

OFFICE OF STUDENT LIFE
Clafin University
400 Magnolia Street
Orangeburg, SC 29115

On /Off-Campus Activities Request Form

- * Complete sections I-IV for any activity except regularly scheduled meetings.
- * Return completed form to the Office of Student Life, Campus Center Room 115, 1 week prior to scheduled activity.

SECTION I: GENERAL INFORMATION

Organization _____ Name of Event _____
Date of Activity _____ Time: Start _____
_____ End _____
Advisor in Charge _____ Telephone Number: _____
CU Box # of Advisor _____ CU Box # of
Organization _____

SECTION II: TYPE OF ACTIVITY (Please check appropriate items related to the activity).

SOLICITATION SOCIAL OTHER

- BLOOD DRIVE Band Meeting
- FUND-RAISER BANQUET OFF-CAMPUS SPEAKER*
- MEMBERSHIP DRIVE CONCERT
- OTHER (please specify) MOVIE
- _____ OUTDOOR MUSIC** Name _____
- _____ PARTY
- _____ OTHER (please specify) Topic _____

ADMISSION \$ _____

- * Off-Campus Speaker Request Form must be completed.
- ** Quiet-Hour Policies will be enforced so as not to interfere with academic schedule.

SECTION III. ACTIVITY LOCATION

Building/Location _____ Room # _____

(Reserve the location with the Application for Use of University Facilities Form)

SECTION IV. AGREEMENT

I understand and agree to abide by all Claflin University regulations and South Carolina state laws in the staging of this activity.

SIGNATURE OF AUTHORIZED MEMBERS:

President Social Security Number

Advisor Contact Number

APPROVALS:

_____ Date

Associate VP For Student Development & Services

_____ Date

Vice President for Student Development & Services

PLEASE NOTE: YOU MUST RESERVE YOUR REQUESTED BUILDING WITH MS. HAYNES IN THE PHYSICAL PLANT DEPARTMENT IN SEABROOKS GYM.