

# Diablo Valley College Student Life Office

Student Life Office  
Received Date  
Stamp Here

## Activity Proposal Memo

**Instructions:** This memo must be submitted to the Student Life Office **prior** to submitting an Activities Request Form. **PLEASE TYPE OR PRINT LEGIBLY.** Further guidance regarding necessary forms and next steps will be sent to the applicant via email approximately 2 business days after submission (NOTE: Fridays are not considered business days).

**Date:** \_\_\_\_\_

**Who:** Club/Organization Name: \_\_\_\_\_ Club/Organization Advisor(s): \_\_\_\_\_  
Applicant Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_@insite.4cd.edu  
(DVC Insite Email is required)

Co-Sponsorship with another club/department? ☐ No ☐ Yes, list name(s): \_\_\_\_\_  
(i.e., Will any club or outside agency be assisting with financial support, promotions, volunteers, etc.?)

**What:** Title of Event: \_\_\_\_\_  
Food? ☐ No ☐ Yes ---> If 'yes', specify if using on or off campus catering: \_\_\_\_\_  
Financial Transactions? ☐ Yes ☐ No (i.e., ticket sales, entry fee, use of club/organization funds to purchase food, supplies, etc.)  
Fundraiser? ☐ Yes ☐ No Media Needs? ☐ Yes ☐ No

**When:** Proposed date(s) and time(s): \_\_\_\_\_

**Where:** Desired Location (on or off campus): \_\_\_\_\_

**How:** Funding needs (Check all that apply): ☐ None ☐ Club funds ☐ ASDVC funds ☐ ICC funds

Brief description of expected costs: \_\_\_\_\_

**Why:** Purpose of event (how does event relate to purpose of the club):

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**If you have any questions about this form or your proposed activity, please call 925-969-4267 or stop by the Student Life Office during business hours.**

**OFFICE STAFF USE ONLY**

MEETING NEEDED: ☐ No ☐ Yes

MEETING SCHEDULED: ☐ Yes → MEETING DATE/TIME: \_\_\_\_\_

**FORMS NEEDED:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Activity Request Form  | <input type="checkbox"/> Deadline: _____ | <input type="checkbox"/> Received: _____ |
| <input type="checkbox"/> Cash Handling Forms/Checklist                                  | <input type="checkbox"/> Deadline: _____ | <input type="checkbox"/> Received: _____ |
| <input type="checkbox"/> ASDVC/ICC Funds Request Form                                   | <input type="checkbox"/> Deadline: _____ | <input type="checkbox"/> Received: _____ |
| <input type="checkbox"/> Budget Breakdown   | <input type="checkbox"/> Deadline: _____ | <input type="checkbox"/> Received: _____ |
| <input type="checkbox"/> Temporary Food Permit  | <input type="checkbox"/> Deadline: _____ | <input type="checkbox"/> Received: _____ |
| <input type="checkbox"/> Conference Attendance, College Medical, Consent & Release Form | <input type="checkbox"/> Deadline: _____ | <input type="checkbox"/> Received: _____ |
| <input type="checkbox"/> Voluntary Activities Participation Form                        | <input type="checkbox"/> Deadline: _____ | <input type="checkbox"/> Received: _____ |
| <input type="checkbox"/> Student Union Building Use Form                                | <input type="checkbox"/> Deadline: _____ | <input type="checkbox"/> Received: _____ |
| <input type="checkbox"/> Logo/Art Work to be approved                                   | <input type="checkbox"/> Deadline: _____ | <input type="checkbox"/> Received: _____ |

MEDIA/FACILITIES NEEDED: ☐ No ☐ Yes

INITIAL HEADS-UP: \_\_\_\_\_

FORM SUBMITTED: \_\_\_\_\_

**DETAILS:**

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DENIED ☐ Yes ☐ No

DENIAL REASON:

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PENDING APPROVAL ☐ Yes ☐ No

DETAILS NEEDED: \_\_\_\_\_

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STATUS NOTIFICATION DATE : \_\_\_\_\_