

**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):

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:

DENIED Yes No

DENIAL REASON:

PENDING APPROVAL Yes No

DETAILS NEEDED: _____

STATUS NOTIFICATION DATE : _____