



NWACC

Learning For Living

Application for Special Events

Organization Name: _____

Advisor Name(s): _____

Event Title: _____

Purpose of Event: _____

Date of Event: _____

Time: _____

Location: _____

Person Leading Project: _____ Phone #: _____

Names of Project Members: _____

Signature of Advisor/Instructor Responsible for Event

Signature of Organization Member Responsible for Event

Planning on having a raffle? Yes No

Approved: Yes No

Approved by: _____

Event Preparation

Computer – Yes No

Date(s) _____

Time _____

Workspace – Yes No

Date(s) _____

Time _____

Assigned Computer # _____

Assigned Space # _____

**RETURN APPLICATION TO THE DIRECTOR OF STUDENT ACTIVITIES AND LEADERSHIP
(Student Center 230 C, 619-2224)**