Activity Approval Form (Please type or print legibly)

Organization Name:	
Contact Officer: Contact Officer E-mail:	
Contact Officer E-mail:	
Date(s):	Time:
Date(s):Campus Location:	Time: □ Need a Room
Name and Description of Activity:	
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What feedback do you want to receive from	students who attend the event?
Please indicate if your room needs a special set up or items for the activity such as a microphone, tables, chairs, trash can as well as if you will be having food:	
	College student organization activities must be and that this activity may not be granted approval if approval activities are scheduled that day.
	ege activities are for NCTC students unless oval is requested, documentation describing non-amilies, local church group, civic club, etc) is to be
copy of this form has been returned to me, no	e of this activity, and I understand that until a signed advertising for this activity can take place. r this event and Travel Request Form if available)
Signature (Officer or Advisor)	Date
*If a room needs to be requested, indicate if the room items needed for an event. When form is completed e	needs special capabilities (microphone, etc), special set-up or mail it to studentlife@nctc.edu.
Approved by:	
Director of Student Engagement	Date