



William Carey University School of Pharmacy

Student Activities Office

Activity Request Form or Community Service Form

- Fill out form completely and return to Student Success and Support Services Office
- Form must be turned in at least **two weeks** prior to event
- If set up is needed fill out Event Checklist

Date of Activity: _____ Organization: _____

Organization's Presidents Name: _____ Phone #: _____

Member in Charge of Event: _____ Phone #: _____

Event Information:

Name of Event: _____ Date of Event: _____

Time Event Starts: _____ Time Events Ends: _____

Location of Event: _____

Purpose of Event: _____

Community Service (*circle*): Yes No Community Service cause: _____

Co-Curricular Activity: Yes No

Event Location:

Building Name: _____ Room Number: _____

Outside Location (if applicable): _____

Will security be needed? Yes No Will food services be needed? Yes No

If food services needed, who will be catering? (name of catering service) _____

I understand that my organization and I are in charge of this event and will uphold the policies and beliefs of William Carey University.

Signature of Authorized Member Date

Signature of Faculty Advisor Date

Office Use Only

Date Received: _____

Approved: YES NO

Date Returned to Organization: _____

Associate Dean of Curriculum and Student Success
Academic Counselor for Student Success