Semester _____ Year _____

EVENT:	DATE/TIME:	LOCATION:	ADVISOR/STUDENT:
	Date	Date	
Task	Submitted/ Initials		Comments
Facilities Use/Room Request			
Special Event Application * Faculty Consult * Fundraising Approval			
Service Request(s) *Tables, Chairs, Backdrops			
Budget Proposal (Identify Source) *Student Amb Request			
Check Request(s)			
Promotional Materials Request			
Food Service Request *Approval to Use Other			
Student Learning Outcomes (SLO)			
Entertainment Contract			
Media Request *Media Tech Confirmed			
District Police *Parking Permit(s)			
Flex Credit Request Credit for Students			
Marketing * Bearfacts * Digital Displays * Glass Cases * Oakleaf * Social Media * Press Release			
Decorations			
Evaluation			