



# Beaufort County Community College

5337 HWY 264 East, Washington, NC 27889

## Student Club/Organization Event Approval Form

*Note: This form must be completed and submitted at least 2 weeks prior to the planned event/activity.*

### Club Information

Student Club/Organization: \_\_\_\_\_ Advisor: \_\_\_\_\_  
Club President's Name: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

### Event Information

Event Name: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_  
Event Start Time: \_\_\_\_\_ Length of Event: \_\_\_\_\_ Event End Time: \_\_\_\_\_  
Is this event educational/leadership/ cultural/social/other- please specify (indicate all that apply)? \_\_\_\_\_

Event description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anticipated Attendance (approximate #): \_\_\_\_\_

Anticipated Attendance of (circle all that apply): Students, Staff, Faculty, Community Members

What is the desired learning outcome you hope to achieve from this event or activity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please attach a copy of the event flyer if applicable.***

### Event Setup Information

Location of event: \_\_\_\_\_ Has location been reserved? (circle one) Y N  
Facilities and AV Setup: \_\_\_\_\_  
Has Facilities and AV Setup request been submitted? (circle one) Y N

By my signature, I verify that the information listed above is true and complete and the event complies with the policies set forth by Beaufort County Community College's Policies and Procedures.

Club Representative Name (Printed): \_\_\_\_\_

Club Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Club Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### This Section for Office Use Only

Approval by Student Engagement Coordinator Y N  
Student Engagement Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval by VP of Student Services Y N  
VP of Student Services Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If not approved, reason: \_\_\_\_\_