# 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: _____