



LOUISIANA DELTA COMMUNITY
DIVISION OF STUDENT AFFAIRS
STUDENT SUCCESS SERVICES DEPARTMENT

STUDENT ACTIVITY REQUEST FORM

Date Submitted: _____ Name of Club/Organization: _____

Submitted by: _____ Title: _____

Date of Activity: _____ Time: _____ Title of Activity: _____

Location of Activity: _____

Contact Person: _____ Phone #: _____

Nature of Activity: _____

Is this a fund raiser activity? Yes _____ No _____

If yes, please complete the club and organization fundraiser form A before the event and B after the event.

Number of members expected to attend activity: _____

This activity is open to (check all that apply):

_____ Member Only _____ Student Body _____ Faculty/Staff _____ General Public

Number of students/faculty/staff/general public expected to attend activity: _____

Please list the sponsor(s) for the planned activity: _____

Please indicate the avenues used to promote this activity:

_____ Chalk

_____ Flyers

_____ NewsStar

_____ Banners

_____ Invitations

_____ Other Campus Media

Club/Organization President: _____ Date: _____

Club/Organization Sponsor: _____ Date: _____

Dean Student Success Services: _____ Date: _____