



Student LIFE Activity Request Form

This form must be completed and returned to the Student LIFE Office AT LEAST two (2) weeks prior to the proposed event.

Name of RSO _____

Name and Title of Person Requesting Activity _____

Type of Event (check one): Fundraiser Solicitation/Sale Drive Social Activity Forum/Lecture/Workshop Other

Advisor Name	Advisor Contact Phone Number	Advisor Contact Email
RSO President Name	RSO President Contact Phone Number	RSO President Contact Email
Other Officer Name and Title	Other Officer Contact Phone Number	Other Officer Contact Email
Event Name/Description		
Location of Event (if off campus location: Where, Contact Person)		
Space Needed for Event		
Equipment to be Used		
Dates of Event		
Time of Event (see your Associate Dean of Student Services (ADSS) for time frames availability)		

Will you be working with an external or internal organization? External Internal

Will you be contracting an outside vendor for this event? Yes No

If yes, please attach a copy of your contract with this form and provide vendor contact information _____

Telephone No. _____

*In consideration of Participant being permitted to participate in the Oakland Community College Program(s) named above, I, Participant/Participant's Parent or Guardian, hereby release, discharge and covenant not to sue Oakland Community College, its trustees, officers, agents and employees from all liability for any and all claims, damages, costs or causes of action I/we have or may in the future have as a result of injuries (including death) or damage to property sustained or incurred by Participant while in any way participating in the above Program(s). I UNDERSTAND THAT I AM RESPONSIBLE FOR: ANY DAMAGE TO THE FACILITIES OR EQUIPMENT, CLEAN UP OF THE FACILITIES USED AND FOR RETURNING ANY LOANED EQUIPMENT TO OCC. **By signing this Release, I certify that I have read the Release and understand its terms.***

President Signature

Date

Advisor Signature

Date

Associate Dean of Student Services Use Only – Do not write anything here

Copy of Facilities Reservation Form	Received	Not Received	Approved	Not Approved
Copy of Work Order Form	Received	Not Received		

Date Request Received

Campus ADSS Signature