



LOUISIANA DELTA

COMMUNITY COLLEGE

DEPARTMENT OF STUDENT SUCCESS SERVICES

STUDENT ACTIVITY REQUEST FORM

Date Submitted: _____ Name of Club/ Organization: _____

Submitted by: _____ Title: _____

Date of Activity: _____ Time: _____ Location of Activity: _____

Title of Activity: _____

Contact Person: _____ Phone Number: _____

Nature of Activity: _____

Is there a fee to participate in this activity? _____ Yes _____ No

If yes, what will the funds raised go toward: _____

Number of members expected to attend activity: _____

The activity is open to (*check all that apply*):

_____ Members 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 _____ NewStar

_____ Banners _____ Invitations _____ Other Campus Media

Club/Organization President: _____ Date: _____

Club/Organization Sponsor: _____ Date: _____

Dean of Student Success Services: _____ Date: _____