



ALLAN HANCOCK COLLEGE

Associated Students

REQUEST FOR ACTIVITY DATE

Date Submitted: _____

Name of Organization: _____

Activity or Event: _____

Date of Event: _____

Time (hours): _____

Place: _____

Admission Charge: _____

Student Chairperson: _____
(Signature)

Organization Advisor: _____
(Signature)

(DO NOT WRITE BELOW THIS LINE)

Date Open,
Use of Facility Granted: _____
Coordinator, Student
Activities Date