

Student Organization Activity Request Form CHECK-LIST

Form and any other necessary documents **MUST be turned in **AT LEAST** two (2) weeks*

BEFORE the activity is to be conducted!*

X Required Items

- ☐ ALL necessary information is completed on the form.
- ☐ All participating Committee Members have signed the form.
- ☐ All participating Advisors have signed the form.
- ☐ Signed Student Organization MINUTES authorizing this Activity are attached.
- ☐ Activity Request Form has been Approved and SIGNED by a COPSA Officer.
- ☐ **BEFORE** posting, any flyer promoting the activity has been approved by:
 - 1) the Communications & Promotions Assistant Director --- Call 671-735-5516 ext. 5638 or [email—gcc.pio@guamcc.edu](mailto:gcc.pio@guamcc.edu); **AND**
 - 2) the Center for Student Involvement; **OR**
 - 3) the Student Support Services Office --- Call 671-735-5555 or proceed to room C-1
- ☐ Any contract that is required to conduct this activity can **ONLY** be signed by the GCC President and is attached.
- ☐ Press Release *(if applicable)* promoting activity has been approved by the Communications & Promotions Assistant Director.
- ☐ **Liability Waiver Forms must be submitted before and after ANY off-campus approved activities for ALL STUDENTS**

X Using campus space?

- ☐ Environmental Health & Safety Officer has approved activity request and signed form. *(Call 671-788-2223)*
- ☐ The Student Support Services Office has confirmed space request. Attach a Room Utilization Request email/document from Student Support Services indicating room reservation and approval for use of campus space.

Please Note: ONLY Advisors may make room reservations.

X Having a large scale activity or formal event?

- ☐ Submit an Invitation/Program/Agenda for the event **AND** a Written Script for the MC to use throughout the event for approval by the CSI and the Dean of the School of Technology & Student Services.

*(These **MUST** be APPROVED **AT LEAST** 4 weeks **BEFORE** the event)*
- ☐ Invite pertinent VIP guests **ONLY AFTER** approval of your event.

*(Distribute invitations **AT LEAST** 2 weeks **BEFORE** the event)*

Using campus space outside of college operational hours OR for an activity that will involve a large number of people? Security required!

X large number of people? Security required!

- ☐ Environmental Health & Safety Officer has approved activity request and signed form. *(Call 671-788-2223)*
- ☐ The Student Support Services Office has approved space request and arranged for additional security. Attach necessary documents *(Call 671-735-5555)*

Any additional Security costs required will be paid by the student organization

X Traveling?

- ☐ Information for off-island travel must be submitted at least four to six (4-6) months prior to travel for PRE-APPROVAL.
- ☐ Activity Request Form must detail purpose of trip and relevance for student organization members/advisors to travel.

The Center for Student Involvement must be notified If an activity is cancelled.

All applicable items **MUST be completed **BEFORE** turning in the Activity Request Form to the Center for Student Involvement.**
Location: Room 5101, Student Center Bldg. 5000 | Tel: (671) 735-8887 ext. 5518/9 | Email: csi@guamcc.edu

For promotional & liability purposes, a student organization MAY NOT PROCEED with their activity UNTIL AFTER THEIR ACTIVITY HAS BEEN FORMALLY APPROVED by the Center for Student Involvement AND the Dean of Student Services.
Additionally, Liability Waiver Forms MUST be submitted before and after ANY approved off-campus activities for ALL STUDENTS.



Student Organization Activity Request FORM

Student Organization: _____ Date of Request: _____

Proposed Date of Activity: _____ Time: From: _____ To: _____

Type of Activity: ☐ Educational ☐ Fundraiser ☐ Recreational ☐ Travel

Name of Activity: _____ Location: _____

Brief Description: _____

Purpose of Activity: _____

Who is invited? (check all that apply): ☐ Student Org. Members ☐ GCC Community ☐ General Public ☐ Guest List

Will you be collaborating with another student organization or some other group to host this event? ☐ Yes ☐ No

If Yes, Name of Organization: _____ Contact Person: _____

On-Campus location to be reserved? ☐ YES (*Complete Steps 1 & 2*) ☐ NO (*Skip Steps 1 & 2*):

STEP 1: Obtain SAFETY approval	STEP 2: Obtain LOCATION approval
Indicate use of: ☐ Tents/Canopies ☐ Electrical/Gas Appliances or Equipment ☐ Open Flames ☐ Extension Cord(s) ☐ Other: _____	Location to be reserved: _____ _____
Describe activity setup: _____ _____	Time to reserve location: From: _____ To: _____
<i>Environmental Health & Safety Office</i> Tel: 671-788-2223 Location: Bldg. 2000, 2nd Flr., Room 2219	Does activity involve use of amplified sound? ☐ Yes ☐ No
SIGNATURE & DATE: ☐ Approved ☐ Disapproved Environmental Health & Safety Officer	<i>Student Support Services Office Tel: 671-735-5555 Location: C-1</i> Room Utilization Request Confirmed: ☐ Yes ☐ No Date Confirmed: _____ ☐ Documentation Attached

Activity Committee Members (<i>Print Name</i>)	Signature
1.	
2.	
3.	

Advisors* (<i>Print Name</i>)	Signature
1.	
2.	
3.	

**At least one (1) Advisor is REQUIRED to attend, chaperone and be present for the entire duration of the activity.*

**** Signed Student Organization MINUTES authorizing this Activity MUST be attached to this Form! ****

Council On Postsecondary Student Affairs (COPSA)

COPSA OFFICER NAME _____ **COPSA OFFICER SIGNATURE** _____ **DATE** _____

GERALD A.B. CRUZ, Associate Dean _____ **DATE** _____ **MICHAEL L. CHAN, Ed.D., Dean** _____ **DATE** _____
School of Technology and Student Services School of Technology and Student Services

COMMENTS: _____

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