DAYTONA STATE COLLEGE

ALL IN ONE REQUEST FOR CAMPUS ACTIVITY:

This form must be turned in 10 business days prior to the date of event.

☐ **CLUB** ☐ **CLASS** ☐ **DEPARTMENT**

NAME (Department; Class; Club): _____

CONTACT NAME & PHONE #: _____

DATE & START/END TIME OF EVENT: _____

CAMPUS & LOCATION: _____

EQUIPMENT NEEDED: ☐ **TENTS #**_____ ☐ **TABLES #**_____ ☐ **CHAIRS #**_____
☐ **COOLERS #**_____ ☐ **ICE** ☐ **SPEAKERBOX** ☐ **MIC**
☐ **GAMES** _____

PURPOSE OF REQUEST: (Please give detailed description)

☐ **OPEN TO THE PUBLIC** ☐ **CLUB MEMBERS ONLY**

☐ **FLYER ATTACHED (*10 business days prior to the date of event)***

☐ **IBOX REQUEST ATTACHED (*10 business days prior to the date of event)***

☐ **2 Account Funds Requested**

☐ **6 Account Funds Requested 6-**_____

Items Requested for Purchase: (attach additional forms if needed)

☐ **PIZZA #**_____

TOPPINGS _____

☐ **SODA #**_____ **WATER #**_____

TYPE_____

☐ **PLATES/NAPKINS**

☐ **FLATWARE**

1._____

2._____

3._____

4._____

5._____

SIGNATURE: _____
Daytona State Employee Only

RETURN THIS FORM TO THE STUDENT LIFE DEPARTMENT
BUILDING 115 Room 219 or Email to studentlife@daytonastate.edu