



**Central Alabama Community College
Student Activity Request Form (Page 1 of 2)**

Student Activity Requests should be completed at least 10 working days in advance of the planned activity and four weeks in advance if the activity requires out-of-state travel.

Campus or
Location _____

Organization Sponsoring Activity _____

Student Contact _____ E-Mail _____

Address _____

Sponsor Contact _____ Extension _____

Activity Title _____ Date/Time of Activity _____

Brief Description of Activity _____

Location of Activity _____

NOTE: When using College facilities, all facilities and facility support requirements must be coordinated through the Office of Dean of Instruction, Office of Dean of Students, Campus Dean, and the Executive Assistant to the President. If an activity is off campus, complete an Emergency Contact Information Form and submit to the Dean of Students.

Type of Attendance: Club Members _____ CACC Community _____ Open _____

Is a fee charged for attendance? No _____ Yes _____ Amount \$ _____

Who is funding the activity? _____

Will the activity require students to miss class? _____ (If so, submit a Request for Excused Absence for College-Sponsored Activities form.)

Do you require support from Security? _____ If so, please describe _____

Do you require support from the Office of Student Services? _____ if so, please describe. _____

Please see next page for travel information.

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Is travel required? _____

NOTE: All transportation and travel arrangements must be approved by the Dean of Students. Travel must also have the approval of the Dean of Instruction if it is a class field trip or instructional club or organization trip. Students are to be transported in College vehicles when College vehicles are provided. Students must sign a waiver to ride in college vehicles. Students must sign a waiver to be excused from riding in college vehicles when college transportation is provided.

In-State Travel _____ Out-of-State Travel _____

Brief Description of Travel Plans _____

Describe Associated Risks and Management Plans _____

If overnight stay, list name/address/location/contact information of where group may be located

Name and Contact Information for Sponsors on Trip _____

Proposed Cost and Budget _____

AS THE SPONSOR OF THIS CLUB/ORGANIZATION, I UNDERSTAND THAT CENTRAL ALABAMA COMMUNITY COLLEGE STUDENT CODE OF CONDUCT AND POLICIES AS STATED IN THE STUDENT HANDBOOK AND COLLEGE CATALOG ARE IN EFFECT THROUGHOUT THIS ACTIVITY/TRIP.

Organization Advisor/Date

Student Activities Coordinator or/Date
Associate Dean of Student Services

Dean /Date

Dean of Instruction/Date (if applicable)

Distribution Checklist

- Student Activities Coordinator
- Dean of Students
- Campus Dean (if applicable)
- Dean of Instruction (if applicable)
- Director of Safety and Security

ACTIVITY IS NOT APPROVED UNTIL SIGNED FORM IS RECEIVED BY ACTIVITY SPONSOR.