NORTHEAST COMMUNITY COLLEGE
STUDENT ORGANIZATION ACTIVITY PLANNING FORM

Instructions:
1. This form must be completed for every activity proposed by a student organization.
2. Submit completed form to the Student Activities Office for Signature at least one (1) week before the proposed event.
3. If fundraising or solicitation is taking place, form must be submitted 30 days prior to start of the activity.
4. Approval must be obtained before the event date is finalized.
5. A copy of the Facilities Confirmation Form must be attached if College facilities will be used, or if special equipment is needed, for the activity.
6. If Food Service is requested, the completed Food Service Request Form must be attached. Copies will be distributed from the Student Activities Office.

Organization: ___________________________ Activity: ___________________________ Location: _______________

Proposed Date(s): _______________ Alternative Date(s): _______________ Time: _______________

Purpose of Activity: _______________ Estimated Hours: _______________

☐ Business _______________
☐ Campus Service _______________
☐ Charitable _______________
☐ Community Service _______________
☐ Social _______________
☐ Fund Raising/Soliciting** _______________

**COMPLETE THIS BOX IF FUNDRAISING

Types of Donation Sought (check all that apply)
☐ Cash _______________
☐ In-Kind Donation (describe) _______________

☐ Equipment (describe) _______________

How will the donations you receive benefit Northeast? _______________

List business, organizations, individuals you plan to solicit and $$ goal or items being solicited for each. (You may attach a list) (i.e. Burger King- $100)

________________________________________

________________________________________

How do you plan to provide recognition for any donations (i.e., thank you letters, etc.)?

________________________________________

________________________________________

Donations received over $250 must be documented with the foundation. A list of donations received needs to be submitted to the Student Activities office after event.

This event is for:
☐ Members Only
☐ Campus
☐ Community

Food/Refreshments:
☐ No
☐ Yes

If yes, through:
☐ Food Service
☐ Other: _______________

Signatures Required:
President of Organization: ___________________________

Advisor of Organization: ___________________________

Alternate Advisor: ___________________________

For Student Activities Office Use Only.
☐ Approved
☐ Not Approved - Reason: ___________________________

Student Activities Office

Associate Vice President of Development and External Affairs, Development & External Affairs

White Copy – Student Activities Office
Canary Copy – Attach to Business Office Disbursement Voucher
Pink Copy - Advisor