

San Antonio College – Office of Student Life On/Off-campus Activity Form

I _____, a registered student at San Antonio College
Name of Student

representing _____, has permission to use
Name of Organization

Location: _____

Address: _____

As the site for _____ to be held on _____ from _____ to _____
Activity Date time

Description of Event:

It is understood that the above-mentioned student organization will restore the area used to its original and proper state.

Advisor(s) must be in attendance at all activities sponsored by the organization.

Print Name: _____
Location Representative

Position: _____

Phone Number: _____

Approved: _____
Signature of representative

Advisor's Name: _____ (Please Print)

Advisor: _____
Signature

Student Representative: _____

Student: _____
Signature

Approved

Disapproved

Representative of Office of Student Life <Signature>