



Bevill State Community College

Request to Conduct an Extracurricular and/or Fund Raising Activities

Please check the appropriate type request:

Extracurricular Activity

Fund Raising Activity

Group _____
(Student Club or Organization)

Type of Extracurricular Activity: _____

Type of Fundraiser: _____
Targeted group (local businesses, student body, staff, and community agencies):

Activity Date: _____ Begin Time: _____ End Time: _____

Campus/Location: _____
(If a room or building on campus will be used for this function or activity a *Bevill State Request for Facility Form* must be attached.)

If transportation is required, indicate the mode of transportation:
 State Vehicle Personal Car Other
(If a state vehicle will be used for this function or activity a *Bevill State Vehicle Trip Sheet* must be attached).

Requestor: _____ Date _____

Approved Disapproved (reason) _____

Director of Student Services _____ Date _____

Approved Disapproved (reason) _____

Campus Associate Dean _____ Date _____

Campus Associate Dean should distribute a copy of the completed request form to the following:
-Campus state-vehicle Fleet Manager (if a request for transportation is attached)
-Director of Student Services (must notify the student of approval or disapproval of this request)
-College-wide Student Services Administrator for Student Activities