

# SAN DIEGO MESA COLLEGE

Student Affairs Office I4-408  
7250 Mesa College Drive, San Diego, CA 92111  
(619) 388-2699/ Fax (619) 388-2971

## CLUB SPONSORED ACTIVITY APPLICATION & PERMIT

**NOTE:** Ten (10) working days are required to process all applications. Please return completed application to the Student Affairs Office. **Monday through Thursday from 8:00 a.m. to 6:00 p.m. and Friday from 8:00am – 3:00pm** Approved Club permits will be placed in the appropriate club mail box in the Associated Students Office I4-408.

### INSTRUCTIONS:

1. Your signature indicates acknowledgement and approval of the activity/event and intent to observe **all** rules, regulations and codes written or posted pertaining to the activity/event.
2. All personnel attending the table **must remain behind the tables provided.**
3. A copy of this permit must be kept in the possession of the club or advisor attending the event. It must be furnished upon the request of college officials. Failure to produce the permit may result in the immediate cancellation of the activity/event.

### CLUB/CONTACT INFORMATION

Club Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Advisor's Name: \_\_\_\_\_ Advisor's Signature: \_\_\_\_\_

### ACTIVITY INFORMATION

Proposed Activity:  Club Program  Fundraiser  Other \_\_\_\_\_  
Title and Description of Activity: (include special factors, impact on college, etc.) \_\_\_\_\_  
How many guests do you anticipate? \_\_\_\_\_

### RESERVATION INFORMATION

*Please complete one of the sections below*

I need to reserve a room/Mesa quad/AS stage

Title of Event: \_\_\_\_\_ Room(s) Requested: \_\_\_\_\_  
Time: \_\_\_\_\_ Date(s): \_\_\_\_\_  
Audio/ Visual (AV) equipment needed? Y N. If yes, what type? \_\_\_\_\_  
*(This question will help us reserve an appropriate room. AV must be requested by your club advisor through AV directly in the LRC or at (619) 388-2690)*

I need to reserve a space on the Quad for Tabling

DATES	TIME	# OF TABLES & CHAIRS
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**FOR OFFICE USE ONLY**  
**(Special Activity Dates / Time Authorized)**

DATES	TIME	DESIGNATED SPACE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Approved: Yes / No Date: \_\_\_\_\_ Denied: \_\_\_\_\_  
Reason for Denial: \_\_\_\_\_

APPROVED/DENIED Dean of Student Affairs or Designee  
csl/2015