FLORENCE-DARLINGTON TECHNICAL COLLEGE

OFFICE OF STUDENT LIFE
Request for Student Activity | Event

RE: Clubs and Organizations
Date: _____

CLUB or ORGANIZATION: _____
President _____ Phone: _____
Advisor _____ Phone: _____

Activity |Event Date (s) _____
Time of Activity |Event _____

Description of Activity |Event (Be specific with details)
_____
_____
_____

Purpose of Activity |Event
_____
_____
_____

Cost to Students: _____

I hereby affirm that the above information is true and _____
will be bound by the conditions therein. ***Club or Organization Name***

_____ _____
Club/Org. President Date Director of Student Life Date

_____ _____
Club/ Org. Advisor Date AVP- Engagement & Student Success Date

Pease submit hard copy to the Office of Student Life (Room 110-A) 5 days prior to Fundraiser.

Form 1: 10/10/24