**ACTIVITY PERMISSION FORM**

- To assure approval, coverage of events, use of facilities and avoidance of scheduling conflicts, the following signatures will be required at least (7) days prior to the program/event/activity date and applicable fees paid (security fees are to be at the cashier’s office at least 48 hours prior to event).

- Any change in topic, subject matter or speaker will cause program/event/activity to be cancelled and suspension of organization unless prior written approval is obtained from those listed below at least 48 hours before the scheduled program/event/activity.
- A program/event/activity is not confirmed on the calendar until all the appropriate signatures are affixed and returned to the Office of Student Activities.
- All canceled events must be announced, via e-mail, to Student Activities and the Office of Safety and Security no less than 48-hours prior to the event. Failure to do so will result in a cancellation fee being charged to the event sponsor.

Who is sponsoring this event

__________________________________________________________

Are there any other groups participating?  Yes_____  No____  All organization advisors must sign back of form.

Name of Event

______________________________________________________________________________

Location where event will be held

______________________________________________________________________________

Day                             Date                      Time

Name of Advisor __________________________ Work # __________ Cell ______________

# __________________________

Alternate Advisor __________________________ Work # __________ Cell ______________

# __________________________

Is there a rain date/location ______________________________________________________

Is there a charge for admission? ______________  If yes, how much? ______________________

Will there be music? ______________________

If yes, will it be a DJ or Sound System ______________________________________________

If DJ, Who? ________________________________________________________________ DJ’s phone #

______________________________________________________________________________
Will there be food? ____________ If yes, what will be served?

__________________________________________________________________

Is the event for B-CU students only? _____ For any student’s w/college ID _____ Is the event open to the public? ______
Do you need police detail?

__________________________________________________________________

Give brief, but detailed, description of this event.

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

REQUIRED SIGNATURES IF APPLICABLE

Campus Organization Advisor Date

Dean of School Date

Student Activities Date

Greek Life Coordinator Date

Associate VP/Dean of Students Date

Gym Coordinator Date

Security Event Specialist Date

President’s Banquet Room or GSR Date

Chief of Safety & Security Date

PAC/Kottle 101/SLH/Holmes/Nursing Date

Female Residence Halls

Male Residence Halls

Curtis Hall Date

Bronson Hall Date

Ja-Flo Davis Hall Date

Bronson Annex Date

Joyner Hall Date

LeFevre Hall Date
PLEASE ANSWER THE FOLLOWING QUESTIONS AND ATTACH A COPY OF THE PROGRAM/AGENDA TO THIS FORM

What is the purpose, mission or goal(s) of this program/event/activity? Does it improve our faith based values?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

How does this program/event/activity promote unity and respect for B-CU?

______________________________________________________________________________

______________________________________________________________________________

Describe, in detail, the elements of the program/event/activity that may potentially embarrass and/or cause inappropriate behavior associated with the program/event/activity.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Who are the participants and sponsors of the program/event/activity? If the participants and/or sponsors are not B-CU students, faculty/staff, organization or School, attach a resume, bio and/or company profile on all such non-B-CU participants.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

NOTE: ADVISORS MUST BE IN ATTENDANCE FOR ORGANIZATIONS TO PARTICIPATE, OTHERWISE ORGANIZATIONS CAN NOT PARTICIPATE
IN THE PROGRAM/EVENT/ACTIVITY. ADVISORS WILL BE REQUIRED TO SIGN-IN BEFORE AND AFTER THE EVENT.

<table>
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<tr>
<th>NAME OF ORGANIZATION</th>
<th>ADVISOR NAME(S)</th>
<th>SIGNATURE OF ADVISOR(S)</th>
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Bethune-Cookman University

Goals and Objectives:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Organizations are allowed a maximum of 3 days to host events/activities. Please write your dates of preference below. It is the organizations responsibility to check with the Office of Student Activities for approval of dates.

________________________________________________________________________

Bethune-Cookman University