



**Bevill State Community College
Request to conduct an Extracurricular and/or
Fundraising Activities for
Non-Intercollegiate Athletics**

Please check the appropriate type request:

Extracurricular Activity Fundraising Activity

Group _____
(Student Club or Organization)

Type of Extracurricular Activity _____

Type of Fundraiser: _____

Targeted group: _____

Please Specify targeted group (local businesses, student body, staff, and community agencies)

Purpose for fundraiser _____

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 completed and attached)

Do you need promotional Material? Is so please specify _____

If transportation is required, indicate the mode of transportation:

State Vehicle Personal Car Other

(If a state vehicle is used for this function or activity a Bevill State Vehicle Trip Sheet must be completed and attached)

Requestor _____ Date _____

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved(reason) _____	
_____ Director of Student Services		_____ Date
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved(reason) _____	
_____ Dean of Students		_____ Date
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved(reason) _____	
_____ President <i>*for fundraising purposes only</i>		_____ Date

- Dean of Student will distribute a copy of the completed request form to the following:
- Requestor
 - Director of Student Services (Add to Campus Event Calendar)
 - President