Concert/Dance Request Form
This form must be submitted a minimum of two weeks prior to the proposed event (The College reserves the right to require more time if necessary). Complete form and return it to SUB 208. After submittal of form with verifiable signatures, the club/organization may proceed with any necessary scheduling.

A. Student Organization Contact Information – Contact person must complete Section A
Please print clearly and in ink.
Club/Organization: ____________________________________________
Contact Name: _____________________________________________ Local Phone: ______________________
Address: _____________________________________________ Email: __________________________

B. Activity Information
Name of event/activity: ____________________________________________
Event Date: _______________ End date: _______________ Expected Attendance: __________
Demographic of Attendees (e.g. LCSC Students): ______________________________
Event Description (use back if necessary): _________________________________________
Set-up time: _______________ Event Starting Time: _______________ Event Ending Time: _______________
Location: ______________________ Alternative location: ______________________

C. Responsible Signatures
By signing below, you agree that you are responsible for the event/activity and associated charges and damages as a result thereof. You must comply with all College rules and regulations. Your campus advisor must sign this form in order for this process to proceed.
Student’s Signature: __________________________ Date: __________________
Print Student’s Name: __________________________ Phone number: __________________
Advisor’s Signature: __________________________ Date: __________________
Print Advisor’s Name: __________________________ Phone number: __________________

D. Authorizing Signatures
By signing below, you indicate that you are aware of the event and approve of the event being held.
Department Director’s Signature: __________________________ Date: __________________
Print Director’s Name: __________________________ Phone number: __________________
Dean’s Signature: __________________________ Date: __________________
Print Dean’s Name: __________________________ Phone number: __________________
Campus Event’s Signature: __________________________ Date: __________________
Print Campus Event’s Name: __________________________ Phone number: __________________
Security’s Signature: __________________________ Date: __________________
Security’s Printed Name: __________________________ Phone number: __________________

E. Please return completed copy to Student Activities, SUB 208