**POLICIES AND PROCEDURES**

***(Please read before completing requisition form)***

1. Final approval of all events must be granted at least SEVEN (7) days before the date of the event. It is the responsibility of the organization to solicit the appropriate signatures before the deadline.
2. Organizations are held responsible for the actions of its members and guests. The room must be clean and in functioning order after the event has adjourned.
3. All furniture must be returned to its standard arrangement after each activity.
4. Any event sponsored by the Counseling Center or Career Services will take priority over any other event.
5. Organizations should be mindful of additional time needed for setup and breakdown/cleanup and should reflect those times on the requisition form. The CHOICES Center closes at 10:00pm.

**Failure to comply with instructions as outlined above will result in individuals and/or organizations being denied use of the facility for future use.**

|  |  |  |
| --- | --- | --- |
| **Organization:** | | **Organization Type:** Click here to choose. |
| **Activity Start Date:** Click here to enter a date. | | **Activity End Date:** Click here to enter a date. |
| **Recurring Event** | **Setup Time:** | **Activity Time:**       **to** |
| **Co-Sponsoring Organization/Agency/Partner:** | | |
| **Activity Name & Description:** | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Event** *(check all that apply)* | | **Participants** *(check all that apply)* | |
| Workshop/Seminar | Activity | Paine College Students | Club/Class Members Only |
| Community Service | Fundraiser | Faculty/Staff | Open to the Public |
| Meeting/Practice | Other: | Guest Speaker/Lecturer | Other: |

|  |  |  |
| --- | --- | --- |
| Special Equipment Needed | | I have read & understand the policies & procedures |
|  |  | | |
| **Contact Person:** | **Contact Position:** | | |
| **Contact Telephone:** | **Contact Email:** | | |

**Campus Representatives should print name, sign, and date in NUMERICAL ORDER** as listed below:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization President** **Signature Date**

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization Advisor Signature Date**

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Counseling Center Administrative Assistant Signature Date**

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office of Student Activities Representative Signature Date**

**Administrative Notes:**

**Request Approved: 🞎 Yes 🞎 No**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Director of Counseling Services**

**Date:**