

# PASCO-HERNANDO STATE COLLEGE ACTIVITY FORM - NORTH CAMPUS

This form **must be approved no less than 10 working days** in advance of an activity.

- If a room is required, it **must** be reserved **prior** to submitting this form. Call (352) 797-5002 to reserve a room.
- This activity **must** be approved **before** advertising the event.
- Set-up/AV/Sound and Maintenance Request (BBG-5-N) form **must** accompany this form if any of these services are required.

## PART I: ACTIVITY APPROVAL - (SEE INSTRUCTIONS ON BACK)

### SET-UP/AV, SOUND AND MAINTENANCE SUPPORT SERVICES FORMS CHECKLIST

- NO** support services needed for this activity.
  - Set-up/AV/sound, and/or maintenance services is/are needed. Form BBG-5-N (Activity Set-Up/AV/Sound and Maintenance Request) is attached.
  - Money is to be raised and Form SSA-2 (Fund Raising Form) is attached.
  - The activity is not sponsored by PHSC. Form BGE-32 (Agreement for Temporary Use of College Facilities) is attached.
- To request the services of Student Ambassadors, please contact the Office of Student Activities and Engagement (352-797-5014)

Title of Activity: \_\_\_\_\_

Brief Description of Activity (for posting on PHSC Website): \_\_\_\_\_

Post activity as follows:  Campus TV Monitors  PHSC Electronic Entrance Sign

Building/Room or Location Requested: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

\_\_\_\_\_ (am / pm) \_\_\_\_\_ (am / pm)

Date(s) of Activity \_\_\_\_\_ Actual Time of Activity: \_\_\_\_\_ Scheduled to Begin \_\_\_\_\_ Scheduled to End \_\_\_\_\_  
*(If activity is planned for multiple occurrences – Please attach a separate sheet listing days & times)*

Organization, Club, or Dept/Div: \_\_\_\_\_

Responsible Staff or Sponsor (PHSC) \_\_\_\_\_

(Must attend if student activity) Name (Please print) Signature Date

Person Responsible (if not PHSC employee) \_\_\_\_\_

Contact Phone # \_\_\_\_\_ and/or ext# \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_

Supervisor's Signature (or designee) \_\_\_\_\_ Date \_\_\_\_\_ Signature: Assistant Dean of Student Affairs\* \_\_\_\_\_ Date \_\_\_\_\_  
(or designee) (\*required for all student activity events)

**(NOTE: If changes are required or if this activity is to be canceled, please contact the Administration Office at 352-797- 5002.)**  
\* \* \* \* \*

## PART II: ROOM CONFIRMATION – Required (SEE INSTRUCTIONS ON BACK)

Signature: Campus Room Scheduler \_\_\_\_\_ Date \_\_\_\_\_  
\* \* \* \* \*

## PART III: APPROVAL – Required for all Activities

Approved  Not Approved  \_\_\_\_\_  
Signature: Provost, North Campus (or designee) \_\_\_\_\_ Date \_\_\_\_\_

**Distribution:** Original to: Originator: \_\_\_\_\_ Department \_\_\_\_\_  
E-Mail  
Copy To: 

- Facilities/Custodial Services
- Computer Lab Supervisor
- Library
- Student Activities Coordinator

# INSTRUCTIONS

## **PART I: ACTIVITY APPROVAL**

1. If a room is required, it must be reserved prior to the submission of this form for approval.
2. Set-up/AV/Sound and Maintenance Support Services Forms Checklist is/are provided to remind individuals of any additional forms that may be required to **complete** and **attach to this form**.
3. Supply the requested information about the activity.
4. The paper flow process is originator to appropriate room confirmation person, if necessary, then forward to the Provost.

## **PART II: ROOM CONFIRMATION**

1. Reserve your room with the Administration Office (352-797-5002).
2. Appropriate signatures serve as confirmation that the room has been reserved.
3. Once the reservation has been approved, copies will be provided by the room scheduler as indicated on the bottom of the form.

**NOTE:** If this request is for a student-attended activity, the advisor/sponsor **MUST** attend.