

PASCO-HERNANDO STATE COLLEGE ACTIVITY FORM - SPRING HILL 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) 340-4802** to reserve a room.
- This activity **must** be approved **before** advertising the event.
- Set-up/AV/Sound and Maintenance Request (BBG-5-SH) 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 are needed for this activity.

Set-up/AV/sound and/or maintenance services is/are needed. Form BBG-5-SH (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/Engagement (352-340-4813)

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 associate provost's office at Ext. 4802.)
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PART II: ROOM CONFIRMATION – Required (SEE INSTRUCTIONS ON BACK)

Signature: Campus Room Scheduler _____ Date _____
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PART III: APPROVAL – Required for all Activities

Approved Not Approved _____
Signature: Associate Provost (or designee) _____ Date _____

Distribution: Original to: Originator: _____ Department _____

- E-Mail _____
- Copy To: ●Maintenance ●Custodial Services
●Student Activities ●Student Development
●Library
●Other _____

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 Associate Provost.

PART II: ROOM CONFIRMATION

1. Reserve your room with the Associate Provost office (352) 340-4802.
2. Appropriate signatures serve as confirmation that the room has been reserved.
 - A. 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.

SPECIAL NOTE: *If the kitchen in B-105 is utilized for an activity, it is the responsibility of the organization, club, Division, or Department to clean the kitchen when the activity is completed.*