#

 Office Use Only

Received Stamp Staff Initial

**ASWCC Club Action Form**

This form must be submitted 2 weeks prior to request date (1 month for event and travel requests).

**Club Information**

Club member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Club member WCC email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Advisor WCC email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Club Requests (complete all that apply)**

 **Club Meeting Request** (clubs must meet at least once per month to maintain active status)

Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Setup start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meeting start: \_\_\_\_\_\_\_ Meeting end: \_\_\_\_\_\_\_\_\_Clean-up end: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special room set-up, other needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Club Event Request** (separate from club meetings)

Event name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s): \_\_\_\_\_\_\_\_\_\_ Estimated attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_

Setup start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event start: \_\_\_\_\_\_\_\_\_\_\_\_ Event end: \_\_\_\_\_\_\_\_\_\_\_ Clean-up end: \_\_\_\_\_\_\_\_\_\_

Preferred location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate location (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event description, special room set-up, other needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Purchase Request**

**Never make purchases without prior approval. We cannot reimburse purchases that do not receive prior approval.**

Funds requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Store/website/vendor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you want to purchase? Be as specific as possible. You must describe what the purchase will be used for, and when it will be used by the club. Attach quotes or send to clubs@whatcom.edu

**Food Request**

Check this box if any food will be served at your meeting or event --- even if you are not requesting funds to purchase food.

Check this box if you are requesting food and/or catering from Sodexo for your event. Obtain ASWCC Sodexo Food Request form and complete steps listed on the Sodexo Food Request form.

 **When will the food be served?** List dates:­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Travel Request**

***OSLD will follow up by email to request meeting with club member and advisor to discuss next steps for travel.***

Event name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Travel dates and times:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred transportation method: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event description:

 **Print Request / Marketing Materials Request**

In order to promote your club, let’s start you off with a marketing kit to help get the word out!

Please check which options you would like in your marketing kit:

 1 Sandwich Board Poster is $1.50.

 8 – 81/2 x 11 posters 25 cents per page.

 50 – ¼ sheet handbills around $12.75.

 1 box of business cards $7.50 per box (250 cards) plus 50 cent container charge.

Great! Now all we need is the graphic you want to use for your marketing materials! Please send an editable version of your graphic to clubs@whatcom.edu. OSLD staff will add these 3 required elements:

* Student Programs Logo
* Accessibility Statement
* Non-Discrimination Statement

 **Other Request/Notes**

By signing below, you affirm the information provided is true and correct. Your advisor also signs to affirm they approve of this request.

Club Member Signature: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor Signature: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use Only – Routing and Notes

Completion