

ASSOCIATED STUDENTS OF IRVINE VALLEY COLLEGE
STUDENT ACTIVITY/CLUB EVENT REGISTRATION

(This request form must be completed at least three (3) weeks prior to scheduled event or activity)

DATE: _____ NAME of Student/ASIVC Club/IVC Program or organization **(list below)**

Registered By: _____ Contact Number: _____

Supervisor/Advisor: _____ Contact Number: _____

Date of Activity/Event: _____ **Hours/Time of Event:** _____

Location on campus: _____

Nature of Event: _____

Food Day Requested: _____ Number of People Expected: _____

THE COLLEGE REGULATIONS REQUIRE at least one supervisor to attend each Event/Activity. Note: some events may require more supervision depending on the size/nature of the event requests (See ASIVC Bylaws).

Name _____ Position held(if Club): _____

Contact Number _____ Contact Email: _____

Supervisor(s) attending if applicable: _____

I/We represent myself/ the ASIVC Club/IVC Organization hosting/sponsoring this event and I/We accept the responsibility for this registration submission. I understand that the student/club and/or IVC Program/Organization and its officers are responsible to the adherence of all Irvine Valley College and South Orange County Community College District regulations and policies by members and guests.

Date: _____

Print name & Signature **(Must be signed by an Advisor for ASIVC-Club Activity Registration)**

Return completed form to the Office of Student Life (*Subject to approval)

(IVC Student Services Center (SSC) - Room# 260 | Contact Email: ivcstudentlife@ivc.edu | Phone: 949.451.5442 or 5507)

(FOR OFFICE USE ONLY)

(Student Life received stamp - area below)

Activity/Event Approved: _____

Food Day Approved: _____

Approved By: _____

Name: _____

Title: _____

Date: _____ Approved: _____ Y _____ N

IRVINE VALLEY COLLEGE
Facilities and Maintenance Department
5500 Irvine Center Drive, Irvine, CA 92618
Phone: 949.451.5255 Fax: 451-5392
MAINTENANCE@IVC.EDU

EVENT SETUP REQUEST FORM

WORK ORDER #

WORK ORDER # _____

Today's Date: _____

Requestor/Contact Name By: _____

Phone, Ext. & Fax: _____

Email: _____

Event Day(s) Information

Event Name: _____

Event Date: _____

Event Time: _____

Time to Complete Setup: _____

Time to Tear Down Setup: _____

Location: _____

Equipment Requirements

- | | | |
|-----------------------|-------------------|--|
| <input type="radio"/> | Tables | #: |
| <input type="radio"/> | Chairs | #: |
| <input type="radio"/> | Canopies | #: |
| <input type="radio"/> | Stage-Size | |
| <input type="radio"/> | Trash Receptacles | #: |
| <input type="radio"/> | Podium | |
| <input type="radio"/> | Sound System | *Contact Media Services at x5265 |
| <input type="radio"/> | Custodial Support | Overtime/holiday pay is at your department expense. Any associated costs will be charged back to the user. |
| <input type="radio"/> | Other: | |

Note: We are unable to provide table covers. If provided, we will include this in the setup.

Provide a description of the event layout or down plan. Attach a sketch of setup.