

## OFFICIAL FUNCTIONS REQUEST FORM

This form is used to pre-approve the Official Function activity

Date of Function:		Lo	ation of Function:	
Tit	tle & Description of F	unction: (i.e., award o	remony, reception, etc	:.)
	urpose of Function: P e educational mission of t		fficial Function benefits	s the college with regards to
Nu	umber of Attendees E	xpected:		
Na	ames/Titles of Individ	uals Attending:		
	Chaperones:			
	Who is invited to at	tend:		
	Administrator prese	ent:		
Aı	nticipated Expenses <i>:</i>	(i.e., food, speaker c	sts, etc.)	
Clu	b Representative:	(Please Prin	Name)	
	the best of my knowle actions procedures.	edge, this function c	mplies with Aims C	ommunity College's Officia
_	Student Council Re	•		ve Representative
	Approve Deny	Date Date	<ul><li>□ Approve</li><li>□ Deny</li></ul>	Date Date
	Dony	Date	_ Dony	Date

Note: At least two signatures are required.

Rev. 10/21/19