Club Service Project Approval Form

Club Name: _____ ***Date:*** _____

Club Representative: _____ ***Position:*** _____

Contact Information: _____

***Check one*:** _____ On Campus Service Event _____ Off Campus Service Event

_____ Monetary Donation

***Community Agency or Campus Organization*:** _____

***Contact Person*:** _____
Phone/Email address: _____
Event Description: _____

_____

_____

_____

Date of Event: _____

Location of Event: _____

OR

Amount of Monetary Donation_____

Required Signatures:

Club Representative: _____

Club Moderator: _____

Director, Community Outreach (TDC 205B) _____

This form must be submitted to Tricia Cummings (TDC 205 S) at least two weeks prior to the event.