## Office of Student Engagement and Leadership (SEAL) Student Clubs and Organizations

Off Campus Activity Form

This form must be completed and app	proved at least 2 weeks pric	or to the student organization activity.
Club/Organization Name:		
Name of Activity		Date(s):
	Time(s):	
Off Campus Location or if Virtual app	utilized log on information	code:
	m. If activity is being sponso beverages may be served. I	ty Clearance Reservations form at bred by an authorized Grambling State f liability insurance is required, please
<b>Organization President Information</b>	on	
Name:	Phone Number:	Email Address:
Organization Advisor Information	ı	
Name:	Phone Number:	Email Address:
Please Note: All activities must be precoverage is required. Please attach a Reservations/Clearance form.		vith copy of liability coverage if liability this form and the
Please describe in details your plann	ed activity	
Security and safety precautions to be attendees for your off campus in pers		tendees (please give number of
☐ Security for Off-Campus Event, if n	eeded will be provided by:	
Contact Information	<del></del>	
☐ Signature	Date	
Student Organization Official Signatur	re Date	( ) Approved ( ) Not Approved