

Activity Request Form

Name of Activity: _____

Date of Activity: _____

Point of Contact Name: _____

Phone Number for Point of Contact: _____

Team Leader: _____

Team Members: _____

Location of Activity: _____

Type of Event: _____

Targeted Participants: _____

Budget Requested: _____

Responsibilities of each team member: _____

Comments: _____

Signatures: _____ (Team Leader)

_____ (Team Members)

_____ (Team Members)