Los Angeles Valley College
Office of Student Life
Event Request

Attach the following to this form: (Your request will not be processed without these items)

☐ "Application for Use of College Facilities" ☐ Diagram of Set-Up

Department/Club Name: _____ Date: _____

Name & Title: _____ Contact# _____

Event Name _____ Event Date: _____ Event Time: _____

Purpose of Event:

_____
_____
_____
_____
_____
_____

FOOD: Is food being sold or given away? _____ Will you be using a caterer? _____
List the items below. (Food can only be **sold** during club days). You must have a fundraising form approved.

_____
_____
_____

ASU Advisor Acknowledgement (This section is only for ASU Advisors)

I approve of this event. I understand that I am required to be at this event.

Name: _____ Signature: _____

Date: _____

Club Advisor Acknowledgment (This section is for Clubs Only-Must be signed by club advisor)
I approve this event. I understand that I am required to attend this event or have and alternate faculty member attend.

Name of Club Advisor: _____ Phone: _____

Signature: _____ Date: _____

If an alternate faculty is attending in your place they must sign below:

Name of Faculty Alternate: _____ Phone: _____

Alternate's Signature _____ Date: _____

(by signing above you acknowledge you are responsible for attending and supervising this event)