KY CO Student Club Activity/Event Form

Please complete and submit this form to KYCO Office of Student Affairs (Health Professional Building 301) for all

club activities /ev ents at le ast two weeks prior to smal l ac tivities and four weeks pr ior to large events .

Be sure to include all pertinent information.

Nam e of Event: C lub Hosting Event:

Loc ation of Event: Estimated Numb er of Parti cipants:

Date of Event: C lub Contac t:

Start Time: Club Advisor

End Tim e

Please briefly desc ribe event :

__________________ _ ________________________________ _ _ _ _ _ _________________________ _ _ _ _ _ _ _ _ _

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Will an external or ganization or industr y be supp or ting this activity/ev ent? [ ] Y E S [ ] N O

If YE S, please exp lain the t yp e of s upport .

__________________ _ ________________________________ _ _ _ _ _ _________________________ _ _ _ _ _ _ _ _ _

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Who will be invit ed to the event ? ____________ ________________________________ _ _ _ _ _ ____________ _

Do you plan on in___

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