### Triton College

**Student Organization Activity Approval Form**

<table>
<thead>
<tr>
<th><strong>Sponsoring student organization</strong></th>
<th><strong>Club Name</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity</strong></td>
<td><strong>Name of Event and/or Description</strong></td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td><strong>Date of Event</strong></td>
</tr>
<tr>
<td><strong>Time</strong></td>
<td><strong>Time of Event</strong></td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td><strong>Room Number</strong></td>
</tr>
<tr>
<td><strong>Fees</strong></td>
<td><strong>Total Cost of The Event</strong></td>
</tr>
<tr>
<td><strong>Person in charge</strong></td>
<td><strong>Name of the person taking the lead</strong></td>
</tr>
<tr>
<td><strong>Purpose</strong></td>
<td><strong>Why are you doing this event and how will it benefit your club and the college?</strong></td>
</tr>
<tr>
<td><strong>How will this activity be funded?</strong></td>
<td><strong>Explain how the club will pay for the event</strong></td>
</tr>
<tr>
<td><strong>Has funding already been secured?</strong></td>
<td><strong>Yes / No</strong></td>
</tr>
<tr>
<td><strong>Are there external entities associated with this activity?</strong></td>
<td><strong>Yes / No</strong></td>
</tr>
<tr>
<td><strong>Name people, organizations or companies (other than Triton College) that will provide services / donations for the event</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Are there contracts associated with this activity?</strong></td>
<td><strong>Yes / No</strong></td>
</tr>
<tr>
<td><strong>Has the student organization membership approved this activity? Did all club members agree with this activity?</strong></td>
<td><strong>Yes / No</strong></td>
</tr>
<tr>
<td><strong>Student completing this form</strong></td>
<td><strong>Print Your Name</strong></td>
</tr>
<tr>
<td><strong>Advisor's signature/approval</strong></td>
<td><strong>Club Advisor’s Signature/ Program Assistant Initials</strong></td>
</tr>
</tbody>
</table>

**For Office Use Only**

- [ ] Approved
- [ ] Disapproved

**Comments**

---

**Assistant Coordinator of Student Life**

**Date**

If you have any questions in the completion of this form please see the assistant coordinator of Student Life in the College Center, Room C-120. or call (708) 456-0300, Ext. 3850.
OFFICE OF STUDENT LIFE
Facility/Equipment Reservation Form

Facility/Equipment: ____________________________ Room or Facility you are requesting
Event: ______________________________________ Name of Event
Organization/Department: ____________________ Club Name
Day: Mon, Tues, Wed etc. ______________________ Date: ___________ Date of Event ____________ Time: From ____________ To ____________
Location: _________________________________ Room # (If using the Cafeteria - Specify what area you will be using)
Estimated Attendance: _____________________ How many people are you expecting?
Rental Fee: Amount ____________ Paid ____________ Cash ____________ Check ____________
Room Set Up*: ______________________________ Write: Set-Up request will follow

*Note: This does not include audio-visual requests. Audio-visual requests must be completed with the Audio-visual Department at least 24 hours in advance. All set up requests for facilities and equipment must be stated on a work order and submitted to the Maintenance Department two weeks prior to event.

Name of Person in Charge of Event: Advisors Name/ *PA Initial Ext.: Advisors Ext./*PA ext.
Signature of Requisitioner: Advisor Signs Here Date: ____________ Date
Reservationist: ______________________________________________________________________
Date: ____________

___________________________ Approved: ____________ Date: ____________
Director of Student Services

Denied: ____________

Comments: _______________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Office of Student Life - White Copy
Conference Center - Yellow Copy
Requisitioner - Pink Copy

*PA- Program Assistant for Clubs & Organizations
Draw the layout of the room and the position of the stage, tables, chairs etc. in this space. Be very detailed.
Location: Room you have reserved  Date: Today's Date  Account #: 

Date completion required: Date and Time of Event

Submitted by: Advisors Name/ Club Name/ Program Assistant Initial  Ext.: Advisors Ext.

Description of work: Write: Please provide (#) chairs and (#) tables in room (#) Thank You

OR: Please remove all furniture from room (#) Thank You

OR: Specify exactly what you need maintenance to do

Approved by: Chrm./Dean: Priority: Date: 
Dir.-Oper. & Maint.: Date: 

Assigned to: 

Est. labor in M/H: Est. mtrl. cost $:

Completed by: Date:

Any/all remodeling must be approved by the vice president of Business Services

Remarks:

SEND ALL COPIES TO PHYSICAL PLANT  PRESS HARD WHEN WRITING
Marketing Project Request

Triton College
Marketing Department Project Form

Date: 12/08/2010
Client: Advisor’s Name
Ext: # Room: #

Project Name: Name of Event or Description.
Target Audience: Students, Faculty, Community
Event Date: MM/DD/YYYY
Event Time: Time of Event
E-mail Address: Advisor’s email or Program Assistant’s email for confirmation
Due Date: MM/DD/YYYY
Quantity Requested: Total number of flyers needed

Marketing Elements to Incorporate
( Please Check All That Apply)

☐ Brochure ☑ Flyer ☑ Poster ☐ Booklet ☐ Display Ad
☐ Press Release ☐ Marquee/Flasma
☐ Public Service Announcement
☐ Web Graphics
☑ Photographer is Needed

☑ Other (Postcard, Form, Sign, Bus. Card, Lamination, Etc.) Flyers, Posters, Quarter flyers

Will you be mailing this piece? (For Mailroom Use) Yes ☐ No ☑
If Yes, Please contact the Mailroom.

Provide Us With a Brief Explanation of Request
(Electronic files can be attached below or information can be inserted into the appropriate fields):
In detail explain the work you would like to be done.

If your request is event-specific, provide a brief description on what the event consists of, cost, contact information, etc., so content can be developed:
Give details and information of what you would like to say on the flyer. Event- Time, date, location of event, phone number for more information, any special saying or quote etc.

http://online2.triton.edu/marketing/requests/ 12/8/2010
Additional content to be used
(If requesting business cards, please provide: Name, Title, Phone Ext., E-mail Address, Room Number):

Leave Blank

Attached any documentation or pictures you would like to add on the flyer

http://online2.triton.edu/marketing/requests/
The 5th Avenue Journal
Triton College
2000 Fifth Avenue, River Grove, IL 60171-1995
Phone: 708-456-0300, Ext. 3383
Fax: 708-583-3162

News and Feature Suggestions for the Journal

Please let us know about any interesting events, people, or other newsworthy story ideas for The 5th Avenue Journal. If you know of anything, or anyone that warrants coverage, please fill out this brief outline and return in to The Office of Student Life at B-120 and we will get it to the newspaper. We are always looking for new story ideas, and we need your help to keep our paper interesting, accurate, and informative. We also want to hear about any special events or campus activities that your club or organization may be involved in. It helps us to get the information at two weeks prior to the event, so please give us a call at extension 3383.

Who? Club Name

What? Name of your event and a brief explanation of what the event is about

Where? Location of your event, bldg. and room number

When? Date and Time of event

Why? Purpose of event

Your name, extension, department: Your name, phone #, Office of Student Life/ *PA Name

*PA– Program Assistant for Clubs & Organizations
Request for Posting

Name: ________________
Organization/Department: ________________
Today's Date: ________________
Phone Number/Extension: ________________
Description of Material: ________________
Student Life Staff Signature: ________________

Materials are posted by the Office of Student Life staff every Monday. If the college is closed on a Monday the items will be posted the first proceeding business day.

Please provide the correct number of printed materials, 13 for campus related events and 5 for non-college related business. All materials must be 8.5 inches wide and 11 inches long which is the same size as a standard piece of paper. Please allow at least 2 weeks prior to the scheduled event for ALL postings. Postings will be displayed for a period not to exceed 2 weeks. ALL postings will be removed the Monday following the conclusion of the event or 5 days past the enrollment date of the class.

ALL materials must be brought to the Office of Student Life, Room B 120 for approval. Approved items will display a stamp indicating the date the item will be posted and the date it will be removed.

- Signage which is obscene and/or disruptive to the education and/or business functions of the college will not be permitted.
- Approved signage may be posted in designated areas only.
- Signage may not be posted on painted walls, wood surfaces, glass or the exterior of college facilities.
- Material that has not been preapproved by the Dean of Student Services will be removed by the Office of Student Life.

Campus Event Board Locations:
- Student Center Cafeteria (B Building)
- Science Building (D Building) near Room D 106
- Liberal Arts Building (Building E) near Room 218
- Business Building 2-(Building F) near Room 107 and Room 111
- Health Building (Building G) near Room 120
- Technology Building (Building H) near Room 105
- Fine Arts Building (J Building) near Room 107 and near main entrance
- Advanced Technology Building (M Building) near Room 134
- Robert Collins Center (Building R) near Fitness Center
- Industrial Careers Building (Building T) near vending machines.
Company, or Performer's Name
Street Address
City, State, Zip Code

Today's Date
Club Account Number
Advisor Name/*PA Initial
Director of Student Services B120-B

<table>
<thead>
<tr>
<th>QUANTITY</th>
<th>ITEM &amp; DESCRIPTION</th>
<th>CAT. #</th>
<th>UNIT PRICE</th>
<th>EXTENSION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Describe item to be ordered &amp; How/When/Where</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>it will be used. (Include Setup &amp; Shipping Fees with Attached Quote)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OR

<table>
<thead>
<tr>
<th>QUANTITY</th>
<th>ITEM &amp; DESCRIPTION</th>
<th>CAT. #</th>
<th>UNIT PRICE</th>
<th>EXTENSION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Describe the performance or services that will be</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>provided and include the Date &amp; Time of the event with Attached quote or contract</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>(Add the Total)</th>
</tr>
</thead>
</table>

Advisor's Name/*PA Initials
Advisor's Signature

Check this box

*PA– Program Assistant for Clubs & Organizations
Catering Procedures

Food Services Incorporated (FSI) has been designated to be the exclusive provider for catered food and beverage for all on-campus events, meetings, luncheons and dinners. In order to request catering service, the following procedures must be followed.

A. Routine Catering

1. The requisitioner may process a blanket purchase order for their department. Only designated authorized names on purchase order will be allowed to order and sign for events processed under the purchase order. Upon signature, FSI will be paid automatically against the blanket purchase order. This process works well for departments with regularly scheduled meetings.

B. Special Events

1. The requisitioner will call ext. 3839, or e-mail a catering request form to FSI@triton.edu to schedule an event. This should be at least 2-3 weeks in advance of event depending upon the size of the event.

2. FSI will give you the cost of your catering items.

3. Complete a Triton College requisition and attach “FSI Catering Form” and forward for proper levels of signature.

4. The approved requisition and FSI Catering Form should then be sent to the Purchasing Department for purchase order processing.

5. The purchase order copy will be returned to the requisitioner through inter-office mail and a copy will be sent to FSI.

6. Cancellations for events need 72 hour notice to FSI and the Purchasing Department, along with any deletions, additions and/or final count.

7. The requisitioner will receive an invoice from FSI for the catering services. The requisitioner will review the invoice for correctness, approve invoice as appropriate, and forward it to Accounts Payable.

8. If requisitioner wishes to procure an off campus catering quote, the requisitioner must give FSI a written copy of the quote at least 2 weeks in advance. If FSI cannot fulfill the request at the quoted price or less, he or his/her designee will attach the External Purchasing Approval from On-campus Retail Entities form to the requisition and forward back to the requisitioner.

Note: Any room setups will be the responsibility of the requisitioner. FSI has no authority to make room set-up requests. You will need to fill out a set-up request form which may be obtained through the Physical Plant Department. Please allow sufficient time for signatures and processing, approximately 2 weeks prior to event date.
**Catering Form**  
For Triton College

**NAME OF ORGANIZATION:** Club Name/ Office of Student Life  
**ORDERED BY:** Your Name/ Advisor’s Name  
**DATE OF EVENT:** MM/DD/YY  
**ADDRESS:** School Address  
**EST # OF GUESTS:** #  
**PHONE #:** Your number/ Advisor’s Ext./ *PA Ext.  
**TIME OF EVENT:** Start time of event (HH:MM)  
**BILL EVENT TO (Dept. #):** Office of Student Life, B-120  
**REQUISITION NUMBER:**  
**LOCATION OF EVENT:** Room # your event will be in  
**PRICE ESTIMATE:**  
**MEAL:**  
- ☑ BREAKFAST  
- ☐ LUNCH  
- ☐ DINNER  
- ☐ SNACK  
- ☑ PICK-UP  
- ☑ DELIVERED  
- ☐ DISPOSABLES  
- ☐ CHINA  
- ☐ LINEN  
**BAR SERVICE:**  
- ☑ CASH  
- ☐ HOST  

**PLEASE DOUBLE-CLICK ON CORRESPONDING BOXES TO MARK YOUR SELECTIONS**

**Items requested:**  
Mark down the item, quantity and price of the items you are looking to purchase, example:

- Fruit Tray 1 @ 50.00= $50.00  
- Danish 25 @ 1.00= $25.00  
- Muffins Assorted 25 @ 1.00= $25.00  
- Juice Assorted 50 @ 1.00= $50.00  
- Coffee Service 1 @ 15.50= $15.50  

**Special Instructions:**  
If any, provide a brief special instruction for this order. Example:

Please provide us with complimentary ice and cups as discussed with Joe. Food can be delivered at 4:30pm in Parachute room: B-130 C. Thank-you, any questions please contact me at 708-674-1725/ ext. 3221

**Bill Information:**

<table>
<thead>
<tr>
<th># OF PEOPLE OR GUARANTEED:</th>
<th>PRICE PER PERSON: $3.81</th>
<th>SUBTOTAL:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE CHARGE:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STAFF CHARGE: none</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GRAND TOTAL:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The patron acknowledges receipt of a copy of this agreement agrees to the policies, rules and conditions of Food Services, Inc. and of this agreement, implied or written. The patron also agrees to pay and satisfy the total amount due on the function date.

Patrons Signature ___________________________ Date: ___________________________

FSI Rep. Signature ___________________________ Date: ___________________________

Please e-mail this form to fsi@triton.edu

*PA– Program Assistant for Clubs & Organizations
Give an explanation of why you are choosing an outside vendor for your catering services, along with name and price of your outside food vendor and FSI catering price.

For the following reasons:

X On Campus Entity cannot meet the competitive outside price

Must attached your outside vendor's price quote.

Outside Price: List your outside vendor price $

Internal Price: List FSI food price $

Attach Written Quote

Outside Purchase Approved By: FSI Food Director Signs Here

(On-Campus Retail Manager)

Date: Today's Date

Attach this form to the requisition - Allow five days for on campus retail entity to evaluate request.

*PA– Program Assistant for Clubs & Organizations
MEMORANDUM

TO: ACCOUNTS PAYABLE  A-330

REQUEST FOR CONTRACT PAYMENT  FY 2011

PAYEE ___________________________________________________________________

PO# __________________________________________

AMOUNT Price of Performance or Services

SIGNATURE Director of Student Services Signs  DATE _________________________

COMMENTS:

PLEASE CIRCLE ONE.  THIS CHECK SHOULD BE:  

RETURNED TO REQUISITIONER  or  MAILED 

NOTE: REQUEST FOR CONTRACT PAYMENT MUST BE IN THE ACCOUNTS 
PAYABLE OFFICE PRIOR TO THE CUT OFF DATE FOR NEXT ACCOUNTS PAYABLE. 
Checks are distributed on the Friday following the Board Meeting date.

IN A/P OFFICE BY:  
July 5, 2010 
August 2, 2010 
September 13, 2010 
October 6, 2010 
November 1, 2010 
December 8, 2010 
January 10, 2011 
January 31, 2011 
February 28, 2011 
April 4, 2011 
May 2, 2011 
June 6, 2011

APPROVED AT BOARD MEETING ON:  
July 20, 2010 
August 17, 2010 
September 28, 2010 
October 19, 2010 
November 16, 2010 
December 21, 2010 
January 25, 2011 
February 15, 2011 
March 15, 2011 
April 19, 2011 
May 17, 2011 
June 21, 2011

For an Updated version or to receive a copy via e-mail please call ext. 3355 or 3754
Agreement Between Triton College and Independent Contractor

This Agreement made this 1st, 2nd, etc., day of Month, 2011, between Community College District No. 504 (hereinafter referred to as "Triton College") located at 2000 Fifth Ave., River Grove, IL 60171 and Independent Contractor (hereinafter referred to as ____________), located at _____________________________, is entered into as follows:

In consideration of the mutual promises of the parties hereinafter specified, it is agreed by the parties as follows:

1. Independent Contractor shall perform the following services under this Agreement:

   ____________________________________________________________________________

2. The location of the services to be performed shall be at the Triton College Campus, ___________ (building and room number), 2000 Fifth Ave., River Grove, IL; or off-campus location, ___________.

3. Independent Contractor shall perform the services on date(s) DD/MM/YY to DD/MM/YY and time(s) Start Time to End Time.

4. Triton College agrees to pay Independent Contractor the amount of $_________ Price, which shall be paid within 60 days after the latest date specified in paragraph three above. (*60 days is standard.)

5. Independent Contractor agrees to hold harmless and indemnify Triton College, its officers, agents, trustees and employees against any losses, damages, judgments, claims, expenses, costs and liabilities imposed upon or incurred by or asserted against Triton College, its officers, agents, trustees or employees including reasonable attorneys fees and expenses arising out of the acts or omissions of Independent Contractor, its officers, agents or employees under this Agreement.

6. Independent Contractor shall perform its obligations under this Agreement as an independent contractor and shall not be considered an employee of Triton College for any purpose.

7. Independent Contractor assumes full responsibility for the payment of all federal, state or local taxes incurred by Independent Contractor as a result of this Agreement.

8. This Agreement is executed by an authorized representative of Triton College in the representative’s official capacity only and the representative shall have no personal liability under this Agreement.

9. Independent Contractor represents that it possesses all professional or business licenses required by law, if any, and all qualifications necessary to fully perform its obligations hereunder in accordance with accepted industry standards and agrees to perform in accordance with accepted industry standards.

10. In no event shall Triton College be liable for any incidental, indirect, special or consequential damages, including, but not limited to, loss of use, revenue, profit or savings. The entire liability of Triton College and Independent Contractor’s exclusive remedy for breach of this contract shall not exceed the initial deposit paid to Independent Contractor which the parties acknowledge is an appropriate measure of liquidated damages and said amount shall not be construed as a penalty.

11. This Agreement shall be governed by and construed in accordance with the substantive laws of the State of Illinois regardless of any conflict of laws provision. All disputes arising out of this Agreement, wherever located, shall be resolved in the Circuit Court of Cook County, Illinois.

12. Independent Contractor, pursuant to 720 ILCS 5/33E-11 as amended, hereby certifies that neither it nor any of its partners, officers or owners has been convicted in the past five years of the offense of bid rigging under 720 ILCS 5/33E-1 as amended; that neither it nor any of its partners, officers or owners has ever been convicted of the offense of bid rigging under Section 720 ILCS 5/33E-4 as amended; and that neither it nor any of its partners, officers or owners has ever been convicted of bribery or attempting to bribe an officer or employee of the State of Illinois, or has made an admission of guilt of such conduct which is a matter of record.

In witness whereof, the parties have executed this Agreement upon the day and year first above written.

______________________________________________________________________________

Name of Company or Performer

Address, City, State, Zip Code

Describe the performance or services that will be provided

Ask the company or performer to fill this part out

PRINT OR TYPE ONLY

Independent Contractor

Signature

Address

Telephone

Social Security No. or FEIN

Must be completed in full for processing.
Request for Audio/Visual Services

Triton College Audio/Visual Services
Request for Audio/Visual Services

Submission Date: 12/08/2010
Your beginning Date must be on or after Friday, December 10, 2010

Full Semester Request: ☐ Equipment Needed for Full Semester

Date Begin: MM/DD/YYYY
*You must provide 48 hours notice per request

Date End: MM/DD/YYYY

Time Begin: hh:mm
Please Select Begin Time
Enter time you will need the item

Time End: hh:mm
Please Select End Time
Enter time you will be finished with the item

Requester Identification:

First Name: Advisor’s Name
Last Name: Advisor’s Last Name
Telephone Ext: Advisor’s ext.
Email Address: Advisor’s email or Claudia Castro email for confirmation

Equipment Type: Please Select Equipment Quantity:
Laptop Computer Quantity: 1
Transparency Overhead Quantity: 1
Video Projector Quantity: 1

Other, or if advisor then mark advisor’s status

A/V Delivers
A/V Picks Up

Location
Building: Please Select a Building
Room: Please Select a Room

Pickup Room Same: ☐ The equipment will not be picked up from the same place it was delivered?
Pickup Room:

If the above is checked, tell us where to pickup the equipment:

Details of Request:
Special Instructions:

Explain the type of equipment you need, where it will be placed, or any other equipment needed that was not listed such as, projector cart with remote or podium etc.

Send
Clear

http://online2.triton.edu/technologyrequests/audiovisual/index.cfm

12/8/2010
Fill This Form Out **BEFORE** The Event
& Return It To Program Assistant for Clubs & Organizations Room B140C

### CampusNet Event CheckList
(1 month in advance)

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Notes:</th>
<th>Lead person:</th>
<th>Submitted when:</th>
<th>Completed Mark Check:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reserve Location (gym, theatre, parachute lounge, cafeteria, etc.) (4 weeks in advance)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete work orders or setup requests (4 weeks in advance)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submit Marketing Request and/or 5th Ave. Journal request  (4 weeks in advance)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post Flyers on boards (fill our form to have the student life office post flyers, 15 copies are required to post.) (2 weeks in advance)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete paperwork to purchase any promotional items needed, supplies, etc. (Vendor list is available at student life office, anything over 1000, 3 quotes are required.) (2 months in advance)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catering Services FSI catering has priority on food orders. (3 weeks in advance)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete any necessary Contracts w/ RBO for vendors and entertainment (2 months in advance)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Reserve Photographer if needed (A photographer can be requested through our marketing dept. and they will email the pictures to you. (2 weeks, 1 month in advance)</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Submit A.V. Request (1 week in advance)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confirm orders, paperwork, and assignments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow-up with Program Assistant (last week before event)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After Event: Fill out Event Summary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Travel:</strong> (Please see me for more information)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-Radius travel plans need to be 2 months in advance to allow travel, paperwork processing and signatures needed to be approved by the board.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-Radius travel plans need to be 1 month in advance to allow paperwork processing and signatures needed to be approved.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please Note: Any paperwork not received on time, will not be processed on time!
Clubs & Organization Event Evaluation

Club Name: ________________________________

Event Name & Description: ________________________________

Event Date/Time: ___________________________ Duration of Event: ___________________________

Lead Person: __________________ Event Volunteers: ________________________________

Participation (circle): 25 or less 25-50 50-100 100 or more

Did the program go as planned? (circle) Yes No
If not, why? ________________________________

What would you change for next time if planning the same event? ________________________________

What would you keep the same next time if planning the same event? ________________________________

Was the facility(ies)/set-up acceptable? (circle) Yes No

Did you use the CampusNet Event Checklist to help you plan your event? (circle) Yes No
If not, why? ________________________________

Was everything completed on time according to the CampusNet Event Checklist? (circle) Yes No
If not, why? ________________________________

Were you and your club in compliance with the CampusNet Handbook? (circle) Yes No
If not, why? ________________________________

Did you feel this event was a success? (circle) Yes No
If not, why? ________________________________

What would you do differently? ________________________________

Other comments: ________________________________
Fill This Form Out to Evaluate your Club Advisor
& Return It To Program Assistant for Clubs & Organizations Room B140C

Advisor Assessment

Please take 15-20 minutes to share your thoughts on the questions and statements listed below. Your feedback is valuable to your advisor’s professional development. Please use a scale of 5-1 to rate your answers, 5 being the best score.

1. I am satisfied with the quantity of time our advisor spends with our group: 5 4 3 2 1
   Comments:

2. I am satisfied with the amount of information our advisor shares with our group: 5 4 3 2 1
   Comments:

3. Our advisor is familiar with the goals of our group: 5 4 3 2 1
   Comments:

4. Our advisor advises our group in a way that is consistent with our goals: 5 4 3 2 1
   Comments:

5. Our advisor adjusts his/her advising style to meet our needs: 5 4 3 2 1
   Comments:

6. Our advisor is a good listener: 5 4 3 2 1
   Comments:

7. Our advisor understands the dynamics of our group: 5 4 3 2 1
   Comments:

8. Our advisor challenges me to think: 5 4 3 2 1
   Comments:

9. Our advisor allows me room to make and execute decisions: 5 4 3 2 1
   Comments:

10. Our advisor attends and assists with our organizations events: 5 4 3 2 1
    Comments:

11. Our advisor attends regularly scheduled organizational meetings: 5 4 3 2 1
    Comments:

12. Our advisor spares time for us to meet with him/her regarding any situation we may encounter: 5 4 3 2 1
    Comments:

Questions:

1. Have you read and completely understand all policies and procedures as stated in the CampusNet Handbook?

________________________________________________________________________

2. Has the Office of Student Life been helpful in the execution of your organizations events, meeting, and/or any other concerns your organization has faced?

________________________________________________________________________

Additional Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

For Questions, Please Contact Claudia Castro at Ext. 3221 or ccastro@triton.edu
Please return this form to the Student Center, First Floor, Room B-140C
Triton College
Travel Form
This form is used only for travel outside of Triton’s District

Traveling Employee: Advisor Name/ Club President Name/ *PA Initial Phone ext: Advisor #/ Your #

Title: Advisor Title/ Club Title Name Dept: Student Life E-mail: Advisor’s email/ Your email

First date of travel: (mo/day/yr) ____________ Date you leave ____________ Date you come back ____________

Travel to: Place traveling to ____________, ___________ (City, State) Miles from Triton: # Miles

Purpose of Travel: In a sentence or two state explain the purpose for this trip.

Benefit to college: Give a brief explanation of how your trip will benefit the college.

Estimated Expenses:

Total Cost of Trip: $Total price of trip 1st BUDGET #: ____________ - ____________ - ____________ - ____________

Registration Fee: $__________ Meals: $__________ Lodging: $__________ # of nights: #

Transportation costs:

Air $__________; Train $__________; Car $__________; Cab $__________; College Vehicle: ________

Other Expenses: ____________, $__________, ____________, $__________, ____________, $__________

If Grant Funded: Name of Grant: N/A Funding Agency: N/A

Substitute services needed? ☑ Yes ☑ No Conference Program Attached? ☑ Yes ☑ No

Was trip budgeted? ☑ Yes ☑ No Faculty department budget? ☑ Yes ☑ No

Club Advisor Signs & dates ______/______/_________ Vice President, Student Affairs Signs & dates ______/______/_________

Signature of traveler ______/______/_________

Director of Student Services Signs & dates ______/______/_________

Dean or Supervising Admin. ______/______/_________

Dean of Student Services Signs & dates ______/______/_________

Chair/Coord Recommendation ______/______/_________

President of the College Signs & dates ______/______/_________

*President’s approval required if more than one person to same location or overnight stay up to 3 nights.

Board Approval Required for: Out of state travel over 100 miles from college and overnight stay within 50 miles of college

Application is (___) denied or application was (___) approved at the Board of Trustee meeting held on ___/___/______

Board authorizing signature.

Form 18: // Rev 11/2010

*PA—Program Assistant for Clubs & Organizations
OFFICE OF STUDENT LIFE
VEHICLE USE FORM
(12 Passenger Van)

PROCEDURES FOR RESERVING VEHICLE:

1) Make sure that all travel meets the guidelines of the Board Policy and has been approved by the Board of Trustees. For more information on travel policies and procedures contact the Office of Student Life.
2) Contact the Office of Student Life located in Room B-120 to make a reservation prior to submission of this form.
3) Drivers must be a Triton College employee or hold an executive board position with an active club and/or organization. Students in clubs and organizations must have their advisor sign the completed form prior to submission. All drivers must have a valid driver's license and provide a copy to the Office of Student Life.
4) Once a reservation is obtained complete and submit a Vehicle Use Form. Forms can be obtained by visiting the Student Life Office located in Room B-120. Please include the names of all passengers on a separate sheet of paper and attach to this form.
5) Vehicle will be reserved on a first come first serve basis.
6) Drivers will be held responsible for any and all traffic violations while the vehicle is in their possession.
7) If your trip requires the use of an I-PASS you must contact the Maintenance Department in the O Building prior to your departure. Please provide them with a completed and signed copy of this form. I-Passes can only obtained from Maintenance Monday through Thursday from 7am until 4pm and Friday from 7am until 3pm.
8) Keys will not be issued to any driver without a completed and signed copy of this form along with identification being presented to the Office of Student Life or the Police Department. Please coordinate a time to pick up the keys with the Office of Student Life prior to departure.

Date you will take the vehicle
Date Out__________________Time Out__________________a.m.  p.m.  (Circle One)
Date you come back with vehicle
Date In__________________Time In__________________a.m.  p.m.  (Circle One)

Destination(s): Where you are traveling to?

Address__________________________________________City__________________________________________State_____________________

Purpose of Trip: What is the vehicle needed for

Hotel Accommodations ____________________________________________________________
Name of hotel (if staying overnight) ____________________________________________ Phone__________________________________________

I, ________________________ (who’s driving) (signature), will be driving the vehicle and hereby certify that I am a Triton College employee and/or an executive board member of an active club or organization.

I, ________________________ (signature), authorize that I am the advisor on record and I authorize the use of this vehicle by the ____________________________ (club and/or organization name)

Driver’s Address__________________________________________City__________________________________________State_____________________
SS#________________________State of Issuance__________________________Driver’s License #________________________

FOR OFFICE USE ONLY

Reservation confirmed by ________________________ Date________________________
STUDENT SERVICES VEHICLE USE FORM
(Ford Taurus)

Date you will take the vehicle
Date Out_________Time Out_________a.m. p.m. (Circle One)

Date you come back with vehicle
Date In_________Time In_________a.m. p.m. (Circle One)

Destination(s): Where you are traveling to?

Address Location you are driving to City________________ State________________

Purpose of Trip What is the vehicle needed for

Hotel Accommodations Name of hotel (if staying overnight) Phone Hotel phone number

I, Advisor or Club President (who’s driving) (signature), will be driving the vehicle and hereby certify that I am a Triton College employee.

Driver’s Address_________________ City________________ State________________

SS# ___________________ Driver’s License #________________

FOR OFFICE USE ONLY

Reservation confirmed by________________________________ Date________________

(Dean’s Office)

PROCEDURES FOR RETURNING VEHICLE:

1. Park vehicle in parking area behind the Student Center.
2. Check interior of vehicle and return in clean condition.
3. Be sure all windows are closed before locking vehicle.
5. Return envelope containing trip tickets, credit card, gasoline receipts and keys to the office of the Dean of Student Services, B-120. If on weekend, return to Triton Police Dept.

Return Mileage: ___________ Beginning Mileage: ___________ Total Mileage: ___________

Mechanical Problems:

Credit Card Issued: ___________ Credit Card Returned: ___________

Insurance Company: Arthur J. Gallagher, CO
1450 American Lane
Schaumburg, IL 60173
(847) 617-8100

In case of emergency contact:

Name_____________________________ Phone_____________________________

Address____________________________ City________________ Zip_____________
Club and Organization Webpage Form

Club or Organization (circle one)

Name:

Your Name & Club Name

Introduction (Purpose, Mission and Goals): Attached additional page if needed.
Explain and list your club’s goals and main objective. Please keep in mind as you write, this information will be posted on the Triton College webpage under your club link. So be clear, concise, and write neatly.

Elected Office:

President
Name: President Name
Email: President Email

Secretary
Name: Secretary Name
Email: Secretary Email

Vice President
Name: Vice President Name
Email: Vice President Email

Treasurer
Name: Treasurer Name
Email: Treasurer Email

Advisor
Name: Advisor Name
Email: Advisor Email
Extension: Advisor extension or phone number

Meeting location, dates and times:
List the date, time and location where your club meetings will take place.

Requirements/Membership dues (optional and if applicable):
List if any, requirements and dues that are needed to be part of your club or organization.

Links, If applicable (Facebook, MySpace):
Add any links your club or organization has set-up to be added onto the page.

For more information on how to get involved with Your Club/Organization Name, contact Club President Name or Advisor at Club President phone number or Advisor ext.
Office of Student Life
Sign Shop Key Request

Name: ____________________________

Today’s Date: ____________________

Date Requested: __________________

Organization: ____________________

Signature: ________________________

By signing this form, I understand that I am responsible for cleaning the Sign Shop after I am finished and that I am responsible for returning the Sign Shop checklist to the Office of Student Life. The Office of Student Life is not responsible for any signs left in the Sign Shop.

Sign Shop Hours

<table>
<thead>
<tr>
<th>Day</th>
<th>Hours</th>
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<tbody>
<tr>
<td>Monday</td>
<td>8:30 a.m. – 5 p.m.</td>
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<tr>
<td>Tuesday</td>
<td>8:30 a.m. – 5 p.m.</td>
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<tr>
<td>Wednesday</td>
<td>8:30 a.m. – 5 p.m.</td>
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<tr>
<td>Thursday</td>
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<tr>
<td>Friday</td>
<td>8:30 a.m. – 3 p.m.</td>
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</tbody>
</table>

FOR OFFICE USE ONLY

IN: ____________  BY: ________
OUT: ____________  BY: ________
Sign Shop Checked by: ________
This Form is available at the front desk of Student Life, please speak to a Student Life staff member to sign-in and out.

**Sign Shop Tool Box Sign-in**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Club or Organization Name:</th>
<th>Sign-in time:</th>
<th>Sign-out time:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Name</td>
<td>Club or Organization Name</td>
<td>HH:MM</td>
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<td>MM/DD/YY</td>
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</tbody>
</table>
Clerical/Duplication Request

Requestor: [Write: Program Assistant Name/ Your Name]  Ext. 3221

☐ Full Time  ☐ Part Time  ☐ Assoc.

Office/Dept.: Office of Student Life Clubs & Orgs. Date Needed:

Budget #: See Program Assistant for Acct. #

# of pages you are submitting to print  # of copies  # of copies you need

Service
☐ Copying  ☑ Single-sided Print
☐ Typing  ☑ Double-sided Print
☐ Letterhead
☐ Transparencies
☐ Distribution

Paper
[Specify what is needed.

☐ 8 1/2 x 11  ☑ 8 1/2 x 14  ☐ 11 x 17
☐ Unpunched
☐ Punch Three-hole
[Color Paper
☐ Yellow  ☐ Blue  ☐ Green  ☐ Pink  ☐ White

Finishing
[Specify what is needed.

☐ Collated  ☐ Uncollated  ☑ Staple (top left)
☐ Staple (double stitch)  ☐ Staple (bottom left)
☐ Heatbind  ☐ Spiral  ☐ Cut  ☐ Cut/Pad  ☐ Fold

Special Instructions:
Please state the print job you would like done. Write: # of copies, double or single sided, Color, paper size etc.

---

Official Use Only — Do Not Write Below This Line

Billing for Special and/or Funded Projects:

Cost:  Unit:  Impressions:

Supplies:

Special Handling:

Total:  To be charged to:

Per:

Job assigned to:  ☐ DUPL  ☐ CPY  ☐ W/P

Completed by:  Date:

Location:  ☐ Counter  ☐ Back Room  ☐ FLR

Retain last page.
**TRITON COLLEGE DEPOSIT TICKET**

Please put your account number on each check for deposit.

<table>
<thead>
<tr>
<th>Currency</th>
<th>Total amount of cash</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coin</td>
<td></td>
</tr>
<tr>
<td>Total Checks*</td>
<td>Total amount of check money</td>
</tr>
<tr>
<td>Charge</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>Total amount of either or both</td>
</tr>
</tbody>
</table>

* Please attach tape on all checks submitted with deposit.

---

**Date**

Today’s Date

**Acct. No.**

Club or Organization Account

**Description**

Today’s Date

Office of Student Life

**Department**

Clubs & Organizations

---

Received by

Date
CampusNet Special Funding Request

Descriptive analysis. Please attach an itemized proposal with this form.

Student organization name: Club Name

Event Name __________________ Date of event __________________ Date of Event
(Amount you will use from club account) __________________ (Total amount of event expenses)
Total amount used by student organization account __________________ Project total cost __________________

Total request of CampusNet Funding: Amount requesting ($500 limit per semester)

1. What is the objective of your organization? In a sentence or two explain your club’s goals and main objective.

2. What are the goals established in scheduling this on-campus event? In other words, how are you meeting your organization’s objective referred to in question one?

Explain how this event will meet your club’s objective and how your club members will benefit in scheduling this on-campus event.

3. Explain the learning process that will take place for the on-campus event on behalf of your membership.

State how your members will learn from scheduling this on-campus event.

4. What significance will this on-campus event have on Triton College? State the meaning and importance of how this event will make an impact at Triton College.

5. What will be the total benefit to the student body of Triton College? Explain how scheduling this on-campus event will be beneficial to all of Triton College Students.

6. Describe how interaction between student organizations is promoted. Explain how and if you have developed any open relationships with other clubs and how have you interacted with one another.

7. How will this on-campus event better enhance co-curricular involvement? Explain how this on-campus event will bring more involvement to work with one another.

The president (or delegate) of your student organization will be required to present this request to the Inter Club Council on the day of recommendation/approval. At that time, a brief synopsis as to why your organization feels this request should be granted will be required.

Club President Signs __________________ MM/DD/YY Club Advisor Signs __________________ MM/DD/YY
Organization president __________________ Date __________________ Organization advisor __________________ Date __________________

Program Assistant Signs __________________ Dates __________________
Program Assistant of Student Life, Clubs & Organizations __________________ Date __________________

For Office Use Only

Meeting __________________ Amount granted $ __________________
Co-Sponsorship Agreement Form

Name: President Name #1 and President Name #2
(Chai President) (Club President)

hereby agree to co-sponsor:

Name of Event/Description: In a sentence or two explain in detail what your event is about, along with the title name of your event.

Date: MM/DD/YY Time: HH:MM Location: Room #

Purpose of Event: Why are you doing this event and how will it benefit your club and the college?

Total Cost: Total amount of costs for event

How will this event be funded? (Please attach a detailed copy of expenses that will be divided between organizations.) Please explain how this event will be funded and attach a detailed copy of expenses.

Co-Sponsoring Organization(s):

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Contact person</th>
<th>Phone/Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advisors Name</td>
<td>Phone</td>
<td>Email</td>
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<tr>
<th>Organization Name</th>
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<tbody>
<tr>
<td>Advisors Name</td>
<td>Phone</td>
<td>Email</td>
</tr>
</tbody>
</table>

Advisor Signature / / Organization Advisor

Co-Advisor Signature / / Organization Advisor

Program Assistant Signature / / Program Assistant- Clubs & Organizations

Director of Student Services Signature / / Director of Student Services

Dean of Student Services Signature / / Dean of Student Services

Write down your club name and the club you are co-sponsoring with.
STUDENT CLUBS & ORGANIZATIONS COLLABORATIVE ACTIVITY FUNDS
Guidelines
2011-2012 Academic Year

Triton College is pleased to have a funding source available for student organizations fully registered with the Office of Student Life. Collaborative Activity Funds are not to be considered permanent organizational funding. The intention of Collaborative Activity Funds is to provide the opportunity for registered student organizations to present quality programming for the Triton College community. These funds are intended to be for one-time program use. Student organizations wishing to be considered for funding must complete the application process. The Dean of Student Services or his/her designee determines funding approval.

Funding Priorities
Funding will be allocated to programs that will generate a majority of the following outcomes:

- Increase the impact of current on-going events
- Develop activities that, over time, will establish Triton College traditions and contribute to students’ personal, cultural, social, educational, or career development
- Help organizations develop new programs that have a chance at significant campus impact and promote development of diversity and multi-culturalism in the campus community
- Develop more diverse programming and promote increased faculty, staff and student interaction
- Encourage the development of co-sponsored and multi-sponsored programming and enhance cooperation between Triton College organizations through joint projects
- Help retain students at Triton College through facilitating campus involvement.

Who is eligible for funding?
Any student organization that is currently registered and in good standing with the Office of Student Life is eligible for funding under these guidelines.

What are the criteria for funding?
- The programs have to be open to the entire Triton College community
- Programs must meet one of four areas of programming: Cultural, Service, Education, and/or Leadership.

Policies
1. Collaborative Activity Funds shall primarily be used to assist registered clubs and organizations in presenting programs, which they otherwise would be unable to present.
2. Applicants must list all other sources of funding and any efforts made toward raising funds other than Collaborative Activity Funds on the Program Planning/Budget Form.
3. Funding for a program shall not exceed $2,000 or a yearly maximum of $4,000 per organization.
4. Funding for events and programs will depend upon the merit of the program and availability of project funds. Triton College accounting procedures must be followed.
5. A series is a program comprised of multiple events spanning days, weeks, or even months. As such the following guidelines apply:
   - Funding for a series shall not exceed $2,000 or a yearly maximum amount per organization of $4,000.
   - Documentation in the series application must include a detailed list of artists and attractions, list of supporting technical costs, and an overview of the whole series showing component events, budget resources, and performance dates. This information must be attached to the application.
6. As a general rule, funds will be allocated for programs held on College premises only.
7. If admission is to be charged to students for an event funded by the projects fund to cover a portion of the cost incurred by the program, income generated above the costs, up to the full amount of the funds granted, must be refunded. The organization may collect donations at the door if it is made clear what the funds will be used for. A donation will not be required for entrance to the program.
8. Funds will be allocated to organizations whose programs will directly benefit or serve a large segment of the student body.
9. Registered student clubs or organizations that have non-Triton College members, must insure that handling of all funds is by a Triton College student or their Triton College campus advisor.
10. Programs not eligible for funding include those activities whose programming is geared for a limited audience, such as recognition awards and banquets, denominational religious activities or partisan political activities.
11. Project funds cannot be used for capital improvements, one-time purchases of equipment, etc.
12. No project funds shall be used to fund scholarships, student or Triton College administrative stipends, salaries or travel.
13. Funds must be used in compliance with state and College regulations.
14. The Dean of Student Services or designee must approve/process all expenditures using the Collaborative Activity Funds. An appointment to discuss expenditures is required upon funding approval.
15. Registered organizations may not discriminate in their membership by race, ethnic origin, nationality, religious preference, age, disability or sexual preference, in their actions or in their constitution or by laws.
Procedures

1. Complete the Collaborative Activity Funds application.
2. Include a detailed copy of the proposed budget (get exact costs and number of items that will be purchased). Use the Program Planning/Budget form that is included in this packet.* Notice what areas the Collaborative Activity Funds may be used for and what expenses must be covered by the student organization.
3. Return completed application and budget to the Dean of Students Office at least four weeks before the event occurs.
4. Organizations receiving fund allocations must evaluate their program, using the evaluation form included in this packet. The evaluations must be tabulated and returned to the Dean of Students Office within ten days after the program. Failure to turn in the evaluation form may limit future funding.
5. All receipts or copies of receipts for the program must be turned in with the program evaluation.

*If the program is being co-sponsored, please indicate which organizations are responsible for each aspect of the program.

Submitter’s Responsibilities:

1. Discuss program ideas with members of your organization. Have them help with brainstorming ideas and generating feedback. Look for other organizations that may want to co-sponsor the program with you. The more people that have a vested interest in the program, the better.
2. Decide on an appropriate date for the program. Review the dates and times on the Student Life calendar of other programs. You and/or your campus advisor are required to ensure that appropriate room reservations are made.
3. Outline the program budget. Obtain current cost information for all services needed including: honorarium/artist fees, publicity and printing costs, technical support and equipment rental, travel arrangements for speaker/artist, special contract requests/needs of speaker/artist, and additional staffing needs (i.e. security, sound technician, etc.).
4. Do not sign a contract. The Office of Student Life will assist with contracts. Schedule an appointment through the Office Coordinator.
5. Prepare a draft of promotional materials and put together a promotional timeline. PROMOTIONAL MATERIALS MUST MEET COLLEGE REQUIREMENTS. REFER TO THE TRITON COLLEGE POSTING POLICY FOR DETAILS.
6. Track production deadlines. Put together a timeline for planning that includes: contract deadlines, transportation arrangements for guest speakers, promotional material due dates and distribution dates, press release due dates and issue dates for ads, room set-up, technical support, catering schedules and production team deadlines.
7. Required. Get feedback from attendees for suggestions on improving future programs and evaluate the program.
8. Complete all necessary forms by their deadlines.

Standards for Reviewing Program Proposal

When reviewing program proposals, the Dean of Student Services and his/her designee(s) will consider the following:

- Guidelines in this document
- Program content
- Total program cost in relation to expected attendance and cost per person
- Amount of funding that has been given to similar programs
- Number of similar programs for the current academic year
- Total funds remaining
- Previous response to similar programs
- Programming ability of requesting group(s) or individual(s)
- Calendar listing for campus activities during the scheduled program’s date and time
- Room reservations or holding confirmation

In case the program proposal is denied funding, the submitter may receive all the following information in writing via the Dean of Student Services Office:

1. Recommendations for revisions and improvements of the proposal
2. Reasons for denial
3. A date to resubmit the proposal for review, if applicable.

Suspension of Programming Privileges

Violations of college policies, funding procedures, and destruction of college property during a funded program can be cause for suspension of privileges and damage costs assessed to accused parties. The Dean of Student Services will determine terms of suspension.

Dates & Deadlines

Collaborative Activity Funds applications will be accepted up to four weeks prior to the event date, pending availability of funds.

No programs may be scheduled on the following dates during the academic year:

- Labor Day
- Thanksgiving
- Fall Finals
- Winter Break
- Martin Luther King Day
- President’s Day
- Spring Break
- Spring Finals

Submissions are encouraged as early as possible for review and approval.

Funds are allocated on a first-come, first-serve basis.
STUDENT CLUBS AND ORGANIZATIONS COLLABORATIVE ACTIVITY FUNDS

Application

Please print or type neatly

Name of Event: ____________________________

Name of Sponsoring Registered Organization: ____________________________

Sponsoring Organization’s Account Number: ____________________________

Contact Person’s Name: ____________________________

Address, City, State Zip: ____________________________

Phone Number: ____________________________

Advisor’s Name: ____________________________

Organization and Individual Co-Sponsoring Event:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Contact Person</th>
<th>Phone/e-mail</th>
<th>Advisor</th>
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Individual or Office:

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<tr>
<th>Name</th>
<th>Phone/e-mail</th>
<th>Advisor</th>
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</table>

Date of Event: ____________________________

Time: ____________________________

Location: ____________________________

Room # of your event: ____________________________

Type of Event (Circle One): Educational, Leadership, Cultural, Service

Purpose of the Event (Include strategies for meeting funding priorities as stated in the Funding Guidelines):

Give a detailed explanation about your event and its purpose. Why is your event important and significant and what will it bring to Triton College’s student body.

Write down your club name and the club you are co-sponsoring with.

Circle one that best describes what type of event it is.

Hand completed forms to Program Assistant for review.

FOR OFFICE USE ONLY

Approved __________________________________

Denied __________________________________

Additional Comments: ____________________________

Dean of Student Services

Dean of Student Services

Allocation: $ ____________________________

Date Received: ____________________________

Return completed forms to the Dean of Student Services Office, Student Center, B-120
River Grove, IL 60171. Questions: 708.456.0300 ext 3230

Attach a copy of the Program Planning Budget Form to the back of this application, staple in upper left hand corner.
## Program Planning/Budget Form

Please use this form to **itemize all expenses** related to the program. Make sure all costs are accurate and detail what is included with any fees or costs. Attach additional sheets if necessary. If the program is relying on the project fund for the majority of funding do not enter into any agreements or sign any contracts until an official decision has been made regarding the application.

<table>
<thead>
<tr>
<th>Items covered by grant</th>
<th>Budgeted Amount</th>
<th>Description</th>
<th>Contributed by/Revenue Source</th>
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</thead>
<tbody>
<tr>
<td><strong>TALENT/ENTERTAINMENT FEES</strong> (speaker(s), artist(s), film(s), band(s), etc) contract/honorarium/artist fees costs/transportation other</td>
<td>Enter Price Amount</td>
<td>Describe who, what, you are booking.</td>
<td>Who’s contributing to this?/ and how will it be covered?</td>
</tr>
<tr>
<td><strong>CATERING</strong> hospitality other</td>
<td>Enter Price Amount</td>
<td>Describe who, what, you are catering from?</td>
<td>Who’s contributing to this?/ and how will it be covered?</td>
</tr>
<tr>
<td><strong>ADVERTISING/PROMOTION</strong> (on campus only) tickets (quantity) posters (size, color, quantity) flyers (size, color, quantity) Fifth Avenue Journal (size, color) Invitations (type, color, quantity) WRRG Radio (88.9 FM) other</td>
<td>Enter Price Amount</td>
<td>Describe who, what, type of advertising is needed?</td>
<td>Who’s contributing to this?/ and how will it be covered?</td>
</tr>
<tr>
<td><strong>EQUIPMENT</strong> sound lights staging microphones tv/cd player computer and projector other</td>
<td>Enter Price Amount</td>
<td>Describe who, what, type of equipment is needed?</td>
<td>Who’s contributing to this?/ and how will it be covered?</td>
</tr>
<tr>
<td><strong>TECHNICAL SUPPORT</strong> security sound technician lighting technician other</td>
<td>Enter Price Amount</td>
<td>Describe who, what, type of technical support is needed?</td>
<td>Who’s contributing to this?/ and how will it be covered?</td>
</tr>
</tbody>
</table>

*If a technical rider is required, please attach it.*

<table>
<thead>
<tr>
<th>Items not covered by Collaborative Activity Funds by/Revenue Source</th>
<th>Budgeted Amount</th>
<th>Description</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LOCATION</strong> set-up decorations other</td>
<td>Enter Price Amount</td>
<td>Describe who, what, where will the event be and is needed?</td>
<td>Who’s contributing to is this?/ and how will it be covered?</td>
</tr>
<tr>
<td><strong>SUPPLIES</strong> (markers, poster board, awards, gifts, prizes, easels/flipchart paper, costumes, etc.) other</td>
<td>Enter Price Amount</td>
<td>Describe who, what, type of technical support is needed?</td>
<td>Who’s contributing to this?/ and how will it be covered?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Program Budget</th>
<th>Total Cost of Budgeted Amount</th>
<th>Amount Requested</th>
<th>Total Cost minus Non-covered funds minus your contributions</th>
<th>Funding from other sources</th>
<th>Total Funding Coming from both parties</th>
</tr>
</thead>
</table>


Program Evaluation

The Program Evaluation form must be completed and submitted to the Dean of Student Services Office, Student Center, B-120 within 10 days after the event. A copy of all receipts or billing statements for costs related to the program should be stapled to this evaluation.

Please complete the following:

Name of Event: ______________________________

Date of the Event: mm/dd/yy Time: Event Time: __________ Location: Room# of your event: ________________

Number in Attendance: # of ppl who attended __________

EVALUATION SUMMARY:

Groups are required to offer participants an evaluation process, register the results below and provide all copies of the participant evaluations to the Director of Student Services Office.

1. Overall the program was rated: Excellent: 5 Average: 4 Poor: 3

Total number responses: __________

Number of people who gave feedback: __________

2. Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. List suggested improvements:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

4. What were some of the challenges? Why?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
General Petition

Print your name and address. When action has been completed, the original will be filed in your student file. In most cases, the petition should be discussed with a counselor/enrollment facilitator and a recommendation secured before submission for a final action.

☐ Fall ☐ Spring ☐ Summer ☐ School year __________

Date of request __________ Social Security no. XXX-XX-XXXX

Please print.

Name ___________________________ Curriculum no. Leave Blank
Street ___________________________ Phone no. ___________________________
City, State, ZIP ___________________________ E-mail address ___________________________

State your request in full:

Explain what you want:

“Please add the following to my transcripts

Senator, Triton College Student Association, Spring 2006 and Fall 2006

Member, Program Board, Fall 2006

State reason why this request should be granted:

Explain why you should get it

“I was an active member of these organizations and maintained good academic standing”.

Student signature ___________________________

Advisor must check one. Club Advisor has the right to grant or deny

☐ Grant ☐ Deny

Counselor/enrollment facilitator or instructor recommendation:

Date __________ Signature ___________________________

Department chairperson/Program coordinator

Date __________ Signature ___________________________

Final action: ☐ Approved ☐ Disapproved

Today’s Date ___________________________ Dean ___________________________

Office Use Only

Date ___________________________ Processed by ___________________________

Student File - White Counselor Copy - Yellow Student Copy - Pink