

LOGAN COLLEGE OF CHIROPRACTIC
STUDENT DOCTORS' COUNCIL
CLUB RENEWAL FORM

TRIMESTER/YEAR (i.e. Spring 2001) _____

CLUB/ORGANIZATION:

PURPOSE:

NAME

TRIMESTER

PHONE #

PRESIDENT: _____

V-PRES.: _____

SECRETARY: _____

TREASURER: _____

MEETING DAY(S): 1st CHOICE _____ 2ND CHOICE _____

MEETING TIME: _____

MEETING ROOM: 1st CHOICE _____ 2ND CHOICE _____

Signatures:

FACULTY ADVISOR: (PRINT) _____

(SIGNATURE) _____

SDC PRESIDENT: _____

DEAN OF STUDENT SERVICES: _____

LOGAN COLLEGE OF CHIROPRACTIC
STUDENT DOCTORS' COUNCIL
CLUB RENEWAL FORM

TRIMESTER/YEAR (i.e. Spring 2001) _____

CLUB/ORGANIZATION:

LIST OF ALL ACTIVE MEMBERS

- | | |
|-----------|-----------|
| 1. _____ | 21. _____ |
| 2. _____ | 22. _____ |
| 3. _____ | 23. _____ |
| 4. _____ | 24. _____ |
| 5. _____ | 25. _____ |
| 6. _____ | 26. _____ |
| 7. _____ | 27. _____ |
| 8. _____ | 28. _____ |
| 9. _____ | 29. _____ |
| 10. _____ | 30. _____ |
| 11. _____ | 31. _____ |
| 12. _____ | 32. _____ |
| 13. _____ | 33. _____ |
| 14. _____ | 34. _____ |
| 15. _____ | 35. _____ |
| 16. _____ | 36. _____ |
| 17. _____ | 37. _____ |
| 18. _____ | 38. _____ |
| 19. _____ | 39. _____ |
| 20. _____ | 40. _____ |

CHECKLIST for Club Presidents

Purpose: to ensure that Club Presidents are communicating with Faculty Advisors regarding activities that have taken place throughout the current trimester.

This checklist is to be completed by all active Club Presidents at the end of each trimester as part of the Club Renewal process.

A copy of the completed checklist needs to be provided to your Faculty Advisor.

Items	Club President Initials	Faculty Advisor Initials	Date
Complete club renewal package (list of club officers & members, checklist for Club Presidents and activity form) at the end of each trimester			
Organize a date where the Executive Committee meets with Faculty Advisor within the first 2 weeks of the following trimester			
Provide Faculty Advisor with a plan of all the meetings for the following trimester			
Provide Faculty Advisor with a copy of all meeting minutes for the current trimester			
Determine if any guest speakers will be on campus the following trimester and complete the application process in Student Services			
Faculty Advisor must attend the meeting for all campus and outside speakers			
Faculty Advisor must attend at least one meeting per trimester			
Any changes to the bylaws or amendments must be copied to Student Services, SDC and Faculty Advisor			

Club President (Print)

Faculty Advisor (Print)

Club President (Signature)

Faculty Advisor (Signature)

Activity Number: _____

LOGAN COLLEGE OF CHIROPRACTIC ACTIVITY APPLICATION FORM

Activity Date(s): _____ Starting Time: _____ Ending Time: _____

Activity Description: _____

Requesting Organization: _____ Approximate Attendance: _____

ADMINISTRATIVE / SCIENCE / WELLNESS CENTER / PAVILION / FIELDS / BALL COURTS

Room # Needed _____

PURSER CENTER

(Circle Room(s) Needed)

Pisciottano Lobby Mabee South Hall Mabee North Hall Walters Auditorium Loomis Amphitheatre
Eggersperger Conference Room

ADMINISTRATION / SCIENCE / WELLNESS CENTER / PAVILION / FIELDS / BALL COURTS:

____ Number of Tables: 30" x 8': ____ (29) 18" x 8': ____ (51)	Number of Metal Chairs: _____ (275)
____ Skirted: 3 Sides: ____ (8) 4 Sides: ____ (4)	Number of Extension Cords: _____ (15)
____ Number of Tablecloth (s): Linen: ____ (30) Plastic: ____	Plants: _____
____ Podium: (1) Full Size Gym, (1) Small Size (in Stock)	Number of Trash Cans: _____
____ BBQ Pit: (1) new one	Fans/Lights: Pavilion: Manual or Timer (Circle One)
____ Signs:	Picnic Tables: _____ (8) Wooden
____ Vehicle Usage: (Pick-up request form in Room G36, Physical Plant)	Picnic Tables: Pavilion: _____ (28) Vinyl
	Picnic Tables: Wellness: _____ (12) Vinyl
	Parking Lot(s) Closed: _____

Will Food Be Served: *Yes: ____ No: ____:

Will Alcoholic Beverages Be Served: *Yes: ____ No: ____
*Liquor License Required

*If Yes, complete the Addendum for Food or Alcohol Events form which are available in Room 147. Then take the completed form to the FSC/Cafeteria.

*Purser Center (only):

A "Preferred" Caterer will need to be selected for events that have food or alcohol. The caterer selection will be made in cooperation with the Purser Center Management. Note: All tables, chairs, tablecloths, skirting, etc. will need to be ordered through the caterer.

MEDIA: ____ *Media: Document Camera	____ *Media: Overhead Projector for Transparencies
____ *Media: P.A. System/Microphone: Clip-on / Hand-held / Stand	____ *Media: Slide Projector (35mm)
(Note): Hand Held Is NOT Kept In Room	____ *Media: Data / Video Projector

Other Items Not Listed Above:

Applicants Printed Name: _____

Applicants Signature: _____ Phone No.: _____ Date: _____

FOR OFFICE USE ONLY: APPROVAL: Office of Student Services: _____ Date: _____

Payment attached _____ Purser Center: _____ Date: _____

COPIES TO (Circle One): Physical Plant Purser Center Media Production Accounting Applicant

SPECIAL NOTE: This Approval Is Subject To Change at the Discretion of the Office of Student Services & Purser Center Management

*Activity Forms may be obtained from the following locations: Student Services, Purser Center, Presidents Office, and the online Public Drive

[Form Revised: 7/26/07]