

Center for Student Involvement

Landon Student Union, Suite 202

11300 NE 2nd Ave

Miami Shores, FL 33161

Office: (305) 899-3961

[**studentinvolvement@mail.barry.edu**](mailto:studentinvolvement@mail.barry.edu)



Student Organization Council

Landon Student Union, Suite 206D

11300 NE 2nd Ave

Miami Shores, FL 33161

Office: (305) 899-4767

[**soc@mail.barry.edu**](mailto:soc@mail.barry.edu)

**Student Organization Off-Campus Activity Registration Form**

**This form is due to Landon 108/202 no later than one month prior to the activity. All information must be filled out and all signatures must be included. Contact the Coordinator or the Advisors of Student Organization Council with any questions.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Organization:** | | |  | | | | | | |
| **Name of Coordinating Officer:** | | |  | | | | | | |
| **Officer’s Email:** | |  | | | | | **Officer’s Phone #:** |  | |
| **Date of Event:** | |  | | | **Start/End Time of Event:** | | |  | |
| **Sponsor of the Event**  **(if applicable):** | | |  | | | | | | |
| **Purpose of the Event:**  *Be specific.* | | |  | | | | | | |
| **Expected # of Attendance:** | | |  | | | | | | |
| **Location of Event:** | | |  | | | | | | |
| **Transportation:** | | | **□ Personal Cars □Barry Van**  **□ Chartered Vehicle (bus, van etc.) Drop off and Pick up location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **□ Other (explain):** | | | | | | |
| **List Names of Drivers:**  *Drivers must have a current Driver’s License and Insurance.* | | | | | | | | | |
|  | First Name | | | Last Name | | Driver’s License | | | State |
| **Primary Driver:** |  | | |  | |  | | |  |
| **Alternative Driver:** |  | | |  | |  | | |  |

**By signing I certify that I have read and understand that I am responsible for the overall coordination of this function. I will adhere to applicable local, state, and federal laws in addition to the rules and regulations from the Center for Student Involvement & Barry University policies and procedures.**

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**Signature of coordinating officer Signature of President**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Faculty/Staff Advisor**

**For Office Use Only**

**Received (Initial & Date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date formed Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registered on time: Yes or No Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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