



AMERICAN UNIVERSITY OF BEIRUT
OFFICE OF STUDENT AFFAIRS
DEPARTMENT OF STUDENT ACTIVITIES

Activity Application for AUB Clubs and Societies

IMPORTANT: This form must be completed fully and submitted to the Department of Student Activities at least ten days before the requested date of activity. No activity may take place unless authorized on this form.

Name of Club or Society: \_\_\_\_\_

Name of Activity: (check where applicable)

- Concert, Conference, Community Service Event, Debate, Exhibition, Film Screening, Gala Dinner, Lecture, Meeting, Play, Reception, Trip, Workshop, Other Specify

Date Requested: From \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Place requested: \_\_\_\_\_

Time of activity: Start time: \_\_\_\_\_ End Time: \_\_\_\_\_

Cabinet Member: \_\_\_\_\_ Position: \_\_\_\_\_

AUB ID#: \_\_\_\_\_ Email: \_\_\_\_\_

Mobile#: \_\_\_\_\_ Signature: \_\_\_\_\_

List the Program of the Activity:

- 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

If the Activity involves public speakers, please provide their names, the subject of their talk, and attach a brief CV of each.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

This form is not considered unless approved by the adviser

Faculty Adviser: \_\_\_\_\_ Signature: \_\_\_\_\_  
Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate if participants are:

\_\_\_\_\_ AUB students only          \_\_\_\_\_ AUB students AND Outside  
(Non AUB community guests require approval)

Please indicate the approximate number of non-AUB guests expected to attend: \_\_\_\_\_

Admission is: \_\_\_\_\_ Open          \_\_\_\_\_ by ticket, for LL \_\_\_\_\_

Do you need any equipment such as sound system, tables/ chairs, etc... for the activity?  
\_\_\_\_\_ No          \_\_\_\_\_ Yes, If yes, indicate your needs:

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Some activities need a recommendation from the Environmental Health; Safety and Risk Management (EHSRM) Department .The EHSRM department staff will indicate the safest and most appropriate conditions for your activity.

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Name of the Safety Officer

Signature

Date

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**STUDENT AFFAIRS USE ONLY**

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Decision:    Approved \_\_\_\_\_

Signature: \_\_\_\_\_

Additional Comments:

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