

Lewis & Clark College
Office of Student Activities
 Templeton Campus Center, Room 249; MSC #187
 Phone: 503-768-7122; Fax: 503-768-7359
 E-Mail: activity@lclark.edu
 Website: <http://www.lclark.edu/dept/activity>



Lewis & Clark College
Student Organization Registration

FOR STUDENT ACTIVITIES OFFICE USE ONLY:

Registration Received _____ / _____ / _____
 ASLC Approval _____ / _____ / _____
 General Ledger # _____
 Category _____

PLEASE PRINT **NEATLY** WITH A BLUE OR BLACK BALLPOINT PEN OR TYPE. All related contact information **must** be filled in.

Name of Organization _____
 Organization's E-Mail Address _____ Organization's MSC # (if applicable) _____ Organization's Extension (if applicable) _____
 Organization's Office Location (if applicable) _____ Organization's Website _____
 Organization's Mission Statement or Statement of Purpose _____

	Name (Please Print)	E-Mail Address	MSC #	Telephone Number	Reservationists*
President/Chair					
Vice President/Co-Chair					
Treasurer					
Secretary					
Website Coordinator					
Faculty/Staff Advisor					

***Reservationists:** Please select two officers who will be responsible for making all of your organization's room, facility and vehicle reservations. Please note: Reservations for rooms, facilities and vehicles will only be accepted from the two individuals selected on behalf of your organization. Officers selected to reserve vehicles must have successfully completed the Lewis & Clark Driver Safety Training program and cleared to drive by the College in order to reserve Lewis & Clark vehicles.

Approximate date of next election of officers: _____ / _____ **Please notify the Student Activities Office of changes as soon as they occur.**

Our signatures indicate that we are aware of and agree to abide by the policies and procedures of Lewis & Clark College, the Office of Student Activities and the Associated Students of Lewis & Clark College.

 President/Chair Signature

 Date

 Vice President/Co-Chair Signature

 Date

 Secretary Signature

 Date

 Treasurer Signature

 Date

I hereby agree to serve as Faculty/Staff Advisor _____

 Signature

 Department

All student organizations must be recognized by ASLC and registered with the Student Activities Office. Organization Presidents/Chairs are responsible for updating this form within the first 2 weeks of the start of each semester. Failure to return this form may result in the delay of and/or loss of funding from ASLC as well as the inability to reserve College facilities and vehicles.

Please return this form to the Student Activities Office once it has been completed and signed by the appropriate individuals. -Thank you!