

Roanoke-Chowan Community College Student Activities

PROGRAM PLAN OF EXECUTION FORM

*(Note: this form must be completed at least **two weeks** prior to the scheduled activities.)*

Club/Group Name: _____

Club President: _____

Event: _____

Date of Event: _____

Place of Event: _____

Time of Event: _____

Purpose of Event: _____

- Community Service**
- Club Awareness Activity**
- Educational**
- Fund Raiser**
- Social Event**
- Other – Explain:** _____

Specific Activities of Event:

Equipment needed (be specific as to tables, outlets, other facilities needed, etc.)

Date

Club President

Date

Advisor

Date

Student Activities Coordinator