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| **Activity Registration Form (ARF)**  **For Recognized Student Organization (RSO)**  **Student Activities and Development Unit**  Student Affairs and Community Services Office  F1501, 15th Floor, FEU Institute of Technology Building  P. Paredes Street, Sampaloc, Manila 1015  *This ARF and Activity Information must be submitted and reviewed* ***at least three (3) weeks*** *prior to start date, to Student Activities and Development Unit, F1501, 15th Floor, FEU Institute of Technology Building. After submission of these forms, you will be sent an email or a text message to update the status of your ARF.* |  | **TYPE OF ACTIVITY**   RSO - organized   Invitational  **STATUS**   Approved ; For APF preparation   Disapproved | **ARF NO :** |
| **RECEIVED BY:**  *Staff Initials day mo yr*  \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  *Time:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Remarks:** | |

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| * **Name of Organization**   *(Full Name & Acronym)*   |  | | --- | | **Student Coordinating Council (SCC)** | | |
| * **Title of the Activity**  |  | | --- | | **Molding Future Leaders: Iuvenes Duces** | | |
| * **Nature of Activity**    General Assembly   Seminar / Forum   Recruitment / Audition   Meeting   **Outreach** | Sports   Competition / Contest /  Quiz Show   Others (please specify): |
| * **Activity Date / Time**   Set Up:   |  |  | | --- | --- | | 08 / 15 / 15 | 07:00 a.m. | | **Start**:   |  |  | | --- | --- | | 08 /15 / 15 | 08:00 a.m. |   **End:**   |  |  | | --- | --- | | 08 /15 / 15 | 05:00 p.m. | |
| * **Venue / Location of the Activity** | |
| ** On-Campus** | ** Off-Campus**  (must submit WAIVER) |
| |  | | --- | | Multi-purpose Hall (F1502 to F1503) &  Study Area (11th Floor) | | |
| * **Objective/s**   1. **To enhance the leadership skills of the participants** | |
| * 1. To scout new set of student leaders | |
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| * **Participants** |  |
|  Members   FEU Tech students /  Faculty / Associates   Public / Anyone | |  |  | | --- | --- | | Estimated No: | 200 | |

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| * **Budget (FOR SADU USE ONLY)** | | |
| **Activity Cost / Expenses**: | | |  | | --- | | **P** | |
| **Budget Charged to:**   SACSO-SADU  □ *Student Activities Fund*  *□ Student Organization Fund*   Sponsored by the  organization   SCC Fund  Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Cost-Sharing with:**  1. \_\_\_\_\_\_\_\_\_\_\_\_ amount: P \_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_ amount: P \_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_ amount: P \_\_\_\_\_\_ | |

*ARF Rev. #6 Effectivity Date: 22 June 2015*

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| * **In-Charge of the Activity** | |
| Name: | |  | | --- | | Mark John P. Idio | |
| Designation: | |  | | --- | | Secretary | |
| Contact No.: | |  | | --- | | 09057929641 | |
| Email Address: | |  | | --- | | johnperata0803@gmail.com | |

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| **LIABILITY WAIVER FORM**  (to be accomplished by the Adviser) | | |
| I certify that the undersigned will stay with the student-organizers and participants for the duration of the aforementioned activity. Further, I acknowledge that as an Adviser of the organizing body, I am fully liable to any untoward events that may arise during the conduct of the above activity. My signature below indicates that I have read the policy stated in this Liability Waiver Form, and that I agree to abide by this policy. | | |
| *Signature over Printed Name of*  **ADVISER** |  | **DATE** |

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| * **FOR SIGNATURES** (signature over printed name) | |
| ***Submitted by:***  **MARK JOHN P. IDIO** | |
|  *Secretary, Student Coordinating Council SY1516* | *Date* |
| ***Noted by:*** | |
|  *Adviser/s, Organization* | *Date* |
| ***Noted by:*** | |
|  *Coordinator, Department* | *Date* |
| ***Noted by:*** | |
|  *Director, Department* | *Date* |
| ***Through:***  **JOENIDEL C. DELA** | |
|  *President, Student Coordinating Council SY1516* | *Date* |
| ***Reviewed by:***  **JOHN WILMER G. JIMENEZ** | |
|  *Assistant, Student Activities & Development Unit* | *Date* |
| ***Recommended by:***  **MARLON O. MAGLIPAS** | |
| *Coordinator, Student Activities & Development Unit* | *Date* |
| ***Approved by:***  **ANGELI B. BUSTILLO, RGC** | |
|  *Director, Student Affairs & Community Services Office* | *Date* |