**ST. ANNE COLLEGE LUCENA, INC.**

Please check (√) to indicate the nature of the activity:

* Community Service
* Competition/Sport Fest
* Exhibit
* Fund Raising
* General Assembly
* Parade
* Seminar
* Spiritual/Retreat
* Theater Presentation/Variety Show
* Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION FOR IN-CAMPUS ACTIVITY**

DIVERSION RD., BRGY. GULANG-GULANG LUCENA CITY

**OFFICE OF THE STUDENT AFFAIRS**

NAME OF THE ORGANIZATION :

CONTACT PERSON :

CONTACT NUMBER(S) :

TITLE OF THE ACTIVITY/PROJECT :

TOTAL NUMBER OF EXPECTED PARTICIPANTS:

VENUE :

DATE: TIME & DURATION OF ACTIVITY:

RATIONALE :

OBJECTIVE(S) :

SIGNATURE OVER PRINTED NAME OF PRESIDENT SIGNATURE OVER PRINTED NAME OF ADVISER

SIGNATURE OF DIRECTOR OF CAMPUS MINISTRY SIGNATURE OF COMMUNITY SERVICE COORDINATOR

(For religious organization only) (For community service activity)

NOTED BY:

SIGNATURE OF THE DEAN OVER PRINTED NAME DATE

*THIS IS TO CERTIFY THAT THE UNDERSIGNED WILL STAY WITH THE STUDENT FOR THE DURATION OF AFOREMENTIONED ACTIVITY.*

SIGNATURE OVER PRINTED NAME OF THE ADVISER

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prepared by:

SIGNATURE OVER PRINTED NAME OF THE ORGANIZATION OFFICER IN CHARGE

Date:

Noted by:

**MR. AIZON BENEDICT Q. ELLA**

COORDINATOR, STUDENT ORGANIZATION AND ACTIVITIES

Date:

Approved by:

**DR. NELSON E. DEAN**

DIRECTOR, STUDENT PERSONNEL SERVICES

Date: