**BROOKDALE COMMUNITY COLLEGE**

CLUB CUBICLE REQUEST FORM 2017-2018

Assignment of office space in the Warner Student Life Center’s Club and Organization room is based on the student group’s planned use for the space, expected level of involvement, and contributions to the quality of campus life as evaluated by the Office of Student Life & Activities and student representatives from the Student Life Board.

**Official Name of Organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\***Name of President/Chair or Main Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Please note the person listed here will be responsible to act as the organization’s contact person

with Student Life & Activities in regards to any assigned cubicle for the 2017-18 academic year

**Contact Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-Mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Briefly describe the purpose or mission of your organization:**

**How will the use of a cubicle help your group in the coming year?**

**How many hours a week do you think your group will utilize your cubicle for:**

**Officer Meetings:** \_\_\_\_\_ **Social Interaction/Lounging:** \_\_\_\_\_

**Organization Office Work:** \_\_\_\_\_ **Other (Please Specify):** \_\_\_\_\_

(phone/computer use, paperwork, etc.)

**How many general members does your club have?** \_\_\_\_\_

**How many do you consider to be active members?** \_\_\_\_\_

**How many leadership positions are in your E-Board?** \_\_\_\_\_

**What benefits or special services does your group provide to the campus community?**

**On a separate piece of paper please list your group’s major activities or programs that have been conducted over the past year that were open to the general public/campus community; list should include:**

***Name of Event/Project Date Location***

***# of Participants Co-Sponsor(s)***

Please sign and return this form and the accompanying list as soon as possible. By signing you affirm that to the best of your knowledge the above statements are true. Forms may be submitted to Student Life or e-mailed as attachments to [studentlife@brookdalecc.edu](mailto:studentlife@brookdalecc.edu).

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**Executive member completing form Date**