

**De La Salle University
Office of Student LIFE**

OFF-CAMPUS ACTIVITY FORM

ORGANIZATION : _____
TITLE OF ACTIVITY : _____
NATURE OF ACTIVITY : _____
DATE AND TIME : _____
VENUE/ADDRESS : _____ CONTACT NO. _____

OBJECTIVE/S of ACTIVITY : _____
: _____
: _____

EXPECTED NO. OF PARTICIPANTS: _____
TIME OF DEPARTURE FROM DLSU: _____ EXPECTED TIME OF ARRIVAL: _____

INVITED SPEAKERS : _____
: _____

FACULTY ADVISER : _____
CONTACT NUMBER/s : _____

NAME OF ORGANIZERS:	POSITION	CONTACT NUMBERS:
_____	_____	_____
_____	_____	_____

ATTACHMENTS: (Please check)

Seminar/Activity Design / /
List of participants / /
A form / /
Map of Venue / /

**Signature above printed name
of organization president**

Date

**Signature above printed name
of faculty adviser**

Date