



AUTHORIZATION TO OPERATE AS A STUDENT ORGANIZATION

Name of student organization: _____

Description of organization: _____

ORGANIZATION EXECUTIVE

1. Name: _____ Title: _____

Student Number: _____

Phone (main): _____ Phone (cell): _____

Email: _____

2. Name: _____ Title: _____

Student Number: _____

Phone (main): _____ Phone (cell): _____

Email: _____

3. Name: _____ Title: _____

Student Number: _____

Phone (main): _____ Phone (cell): _____

Email: _____

ORGANIZATION OF UNIT DEPARTMENT HEAD

I hereby authorize the formalization of this student organization. Through this authorization, I give permission for this organization to appoint a Booking Representative and request centrally scheduled classroom space through Scheduling Services. I understand that as signing authority for this organization, I accept full responsibility for the conduct and actions of the student(s) during booked events.

Name: _____ Date: _____

Signature: _____

This form must be completed and returned to Scheduling Services via email (room.bookings@ubc.ca) the beginning of each academic year as well as prior to submission of a Student Group Booking Representatives form. For more information, contact room.bookings@ubc.ca.