

**Norwalk Community College**

Student Activities

188 Richards Avenue, W111

Norwalk, CT 06854

Tel: (203)857-7146

Fax: (203)857-3346

Email: SActivities@ncc.commnet.edu

**Club Equipment Registration**

**Attachments Required:**

Quote/ Invoice

Authorized Minutes

Payment Request Form

Name of Club: \_\_\_\_\_

Name of President: \_\_\_\_\_

**How will the purchase of the equipment benefit the NCC Student Body?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Price of Equipment: \$ \_\_\_\_\_

Amount your club is contributing: From Allocated Account: \$ \_\_\_\_\_ From Revenue Account: \$ \_\_\_\_\_

Where will the equipment be stored? \_\_\_\_\_

Person in charge of the location where the equipment will be stored: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

**I agree to have the equipment stored in my office or department. My department accepts responsibility for this equipment and for providing it to the club when needed:** \_\_\_\_\_

*signature*

*SA suggests that you always keep a student ID when students check out the equipment.*

Applicants Name: \_\_\_\_\_

Club Title: \_\_\_\_\_

Applicant's Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant: \_\_\_\_\_ date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature

Advisor: \_\_\_\_\_ date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Activities Director: \_\_\_\_\_ Dean of Administration: \_\_\_\_\_

Equipment Registration #: \_\_\_\_\_