

OFFICE OF STUDENT LIFE AND LEADERSHIP

Room 211, Morgan University Center. P.O. Box 4695. 931-221-7431. <http://www.apsu.edu/sll>

**ANNUAL ACTIVITY REPORT
2009-2010**

Please type or print (users are able type directly onto this form and print off the completed version)

Name of Organization:

Executive elections last held on: _____

Contact Person

Name _____

Phone _____

Email _____

Summer or Alternate Contact Person

Name _____

Phone _____

Email _____

On-Campus Adviser

Name: _____

Total Number of Members: _____

What do you consider to be your organization's most important accomplishment in the past year?

What is one thing you really want Student Life and Leadership to know about your organization?

Do you have any suggestions for the office of Student Life and Leadership?

Has your organization used any of the following? (Mark an “M” next to the location where your organization holds meetings)

Student Life and Leadership

Student Life and Leadership website

Club Manager

Student Life and Leadership Resource Room (die cut, games, library, supplies, etc.)

Copier

Plotter/Poster Maker

University Facilities/Morgan University Center

Einstein's

Ballroom

213

303/305

306/308/310/312

Plaza

Other Space

African Amer. Cultural Center

Hispanic Cultural Center

Clement Auditorium

Clement Main Floor Lobby

Dunn Center Front Lawn

Dunn Center Gymnasium

Foy Fitness Center

MH Intramural Field

Trahern Theater

Gentry Auditorium, Kimbrough 119

MH Gymnasium (Red Barn)

Music Mass Comm

Have your organization members attended/volunteered for/co-sponsored any of the following?

S.E.R.V.E. Programming

Homecoming Game/Events

Homecoming Game

Global Gobs Passport Series

Coming Home Events/Games

Welcome Back Activities

AP Leadership Series

Organization Fairs

Dance Marathon

GPC sponsored events

Student Leader and Organization

Awards

The Peay Read

G.O.L.D.

I, _____, certify that
(name of org) is in
good standing with our banking institution, _____.

Signature of Organization Financial Officer/Treasurer:

(If you have more than one account (i.e. one off campus and one on campus), please report all accounts above.)

We, the undersigned, hereby certify that the information provided in this report is true and accurate. We also grant our consent for the release of this information for Austin Peay State University purposes.

President:	Date:
Person Filling Out Form:	Date:
Adviser:	Date:

Please keep a copy of this completed form for your organization's records.