



Central Arizona Valley
Institute of Technology

STUDENT ORGANIZATION ACTIVITIES APPROVAL FORM

Date: _____

CTSO Group: _____

Location: _____

Describe Event/Activity and Purpose: _____

Event/Activity will require CTSO account funds: Yes _____ NO _____

Date of Event: _____ Time of Event: _____

(CTSO Sponsor Signature)

(Date)

(CTSO Officer Signature)

(Date)

CAVIT Office Use Only

Approved: YES _____ NO _____

Principal's Signature: _____ Date: _____

Comments: _____

**** All CTSO activities must be approved by Principal **PRIOR** to conducting event/activity. ****

**** A copy of this form, once approved, will be sent to the CTSO sponsor ****