



THE
COLLEGE
OF THE
FLORIDA KEYS

CHAPERONE FORM (SA-5)

Key West

Middle Keys

Upper Keys

Name:

Event

Date(s):

Location

Chaperone must have an approved leave form. Please attach with this request.

Club advisor or Co-advisor

Date

<i>Chaperone Name</i>	<i>TDE attached?</i>

This form **MUST** be completed by the Club Advisor or Co-Advisor and then submitted to the Director of Student Activities as soon as possible to ensure any necessary changes can be made prior to the event.

Student Activities Director

Date

Approved

Denied

Date: _____

Approved

Denied

Date: _____