



LOS ANGELES VALLEY COLLEGE
5800 Fulton Avenue
Van Nuys, CA 91401-4096

GUEST AGREEMENT

CLUB NAME: _____

EVENT TITLE: _____

EVENT DATE: _____

I will provide _____ to Los Angeles Valley College on _____
(type of service) (date)

and agree not to charge a fee for these services.

Please print or type:

Name: _____ Signature _____

Address: _____

City/Zip: _____

Phone #: _____ Email: _____

Date: _____

Club Advisor Name: _____

Club Advisor Signature: _____

Associate Dean/ASU Advisor Signature: _____