

## STUDENT-LED EXTRACURRICULAR ACTIVITIES REQUEST FORM

Please answer the following questions so that we can determine the feasibility of your activity, and return this form to Sue-Ann Facchini (safacchi@ucalgary.ca)

Name(s) and email addresses of student leaders:

Brief description of participants and their affiliation (e.g. Age if not adult? Number? Special interest group? High school?):

Brief description of objectives of activity:

Proposed dates:

Does your proposed activity include the use of (please check all that apply):

- human anatomical specimens
- medical skills task trainers
- simulation tools and instruments
- Special Procedures lab
- ATSSL Surgical Skills lab (<http://www.ucalgary.ca/atssl/facilities>)
- ATSSL Clinical Skills lab (<http://www.ucalgary.ca/atssl/facilities>)
- instructors other than student leaders