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| --- | --- |
| Today’s Date: | Event Name: |
|

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| --- | --- |
| **Student Organization:** |  |
| **Event Chairperson:** |  |
| **Chairperson Email:** |  |
| **Chairperson Cell Phone:** |  |

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|  |  |
| --- | --- |
| **Event Date:** |  |
| **Event Location:** This form does not reserve the room for your event. |  |
| **Event Start Time:** |  |
| **Event End Time:** |  |

**\*\*Please attach an additional sheet of paper explaining the purpose and description of your event. Provide as much detail as possible.** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **How many students do you expect to participate?** |  | **Is participation limited to student organization members?** |  | **If no, what other group(s) may participate?** |  |
| **Do you plan to advertise this activity?** |  | **If yes, how?** |  |
| **Will security or off-duty law enforcement be required for this activity?** |  | **If yes, how many?** |  |
| **Is a vendor contract required for this event? If yes, attach.** |  |
| **Estimated total expense for this activity:** |  | **What is the planned funding source for this expense?** |  |
| **Other Special Requirements:** |  |
| **Advisor Name:** |  |
| **Advisor Signature:** |  | **Date:** |  |
| **Coordinator of Student Activities Signature:** |  | **Date:** |  |
| **Assistant Dean of Student Services Signature:** |  | **Date:**  |  |
| **Associate Dean of Student Services Signature:** |  | **Date:**  |  |