

Event Registration Form for Student Organizations

Form must be submitted and reviewed at least 2 weeks prior to event date to the Student Life Office in Farmer Hall. 665-6565

Name of Organization: _____ Today's date: _____
Officer Name/Title: _____ E-mail: _____ Phone: _____
Organization Advisor Name: _____ E-mail: _____ Phone: _____
Name of Event: _____ Event Date(s): _____
Event Description: _____

Facility Reserved Yes No - Facility Requesting: _____

All facility requests should go through the Central Calendar Office located in Calkins Hall, 665-6292, with the exception of the following facilities:

Student Activity Center (SAC) - SAC Coordinator, McChesney Student Activity Center, 665-6607
Myrick Gym, Bibb Graves, Intramural fields- Kinesiology Department, Myrick Gym, 665-6590
Student Retreat- Student Life, Farmer Hall - 2nd Floor, 665-6565
LaBaron Recital Hall- Music Department, Davis Hall, 665-6670
Reynolds Studio Theatre- Theatre Department, Reynolds Hall, 665-6210

Logistics:

Event Start Time: _____ Event End Time: _____ Estimated Attendance: _____
Event is open to: Members and guests only Campus only _____ Public _____
Do you want this event posted on the Student Life Events Calendar (on-line)? Yes _____ No _____
Will the event have an admission charge? Yes _____ No _____
Will event require ticketing? Yes _____ No _____
Is the event a fundraiser? Yes _____ No _____ For: _____
Are you selling anything? Yes _____ No _____ What? _____
Cost per ticket or item selling? _____
Are you using outdoor amplified sound? Yes _____ No _____
Is event being co-sponsored by another on-campus organization? Yes _____ No _____
Explain: _____
Is event sponsored or promoted by a non-university organization? Yes _____ No _____
Explain: _____
Is transportation (vehicles, vans, bus, etc.) involved in this event? Yes _____ No _____
Is a physical activity (dancing, skiing, trampolines, etc.) involved in this event? Yes _____ No _____
Could this event be perceived as controversial? Yes _____ No _____
Explain: _____
Is alcohol going to be served or present at this event? Yes _____ No _____

Food:

Will food or beverages be *served* or *sold* at the event? Yes _____ No _____
If yes, what? _____
Indicate if you are using (Commercial Product Outside Vendor) and from where: _____
Will food or beverages be prepared and/or cooked on site (Ex. BBQ)? Yes _____ No _____

I, as an authorized officer of the above-mentioned group, agree to abide by the policies and all University regulations and city, state, and federal laws. I understand that both my organization and myself may be held responsible for violations of any University policies and city, state, and local laws related to this event. I understand that I am responsible for any damages & clean-up, and will be expected to pay for any repairs to any facility damage incurred while in use by my organization.

Signatures:

Contact signature: _____ Print name: _____ Date: _____
Advisor's signature: _____ Print name: _____ Date: _____