

## Registered Student Organization On-Campus Event Form

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

X Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Event: ☐ Fundraiser ☐ Speaker ☐ Activity ☐ Movie/Film Showing ☐ Other \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date(s): \_\_\_\_\_

Location (campus, building, room): \_\_\_\_\_

Time(s) (start/end): \_\_\_\_\_ Rain Date/ Location if applicable: \_\_\_\_\_

Anticipated Attendance: \_\_\_\_\_

Please Describe the Event or Fundraiser. **Items to include: purpose, general breakdown or agenda, where funds will be donated (if applicable), etc.**

*If funds are to be donated, a W9 must be attached; organization must be a non-profit.*

### Event Needs *(check any that apply)*

**Item****Specifications**

- |  |   |
|--|---|
| <input type="checkbox"/> Stage               | _____   |
| <input type="checkbox"/> Tables & Chairs     | _____   |
| <input type="checkbox"/> Microphones/ Stands | _____   |
| <input type="checkbox"/> Projector/ Screen   | _____   |
| <input type="checkbox"/> Food                | <u>work with Student Life</u>                                   |
| <input type="checkbox"/> Starting Cash       | \$10 ____ \$5 ____ \$1 ____ \$0.25 ____ \$0.10 ____ \$0.05 ____ |
| <input type="checkbox"/> Other               | _____   |

### Event Risks *(check any that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Controversial topic                                  | <input type="checkbox"/> Injuries (higher probability such as recreational events) |
| <input type="checkbox"/> Food allergies <i>(Ingredient Displays Required)</i> | <input type="checkbox"/> Minors will be present                                    |
| <input type="checkbox"/> Money will be present                                | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Tickets sold to the public/ entry fee                |  |

**Additional Needs**☐ Security

Why and How Many: \_\_\_\_\_

☐ Campus Wide Calendar Listing*Must be open to all students. Will not list fundraisers.*☐ Funds

Amount Requested from Student Senate: \$ \_\_\_\_\_

Please elaborate on what the funds will be used for if approved:

*Funding from Student Senate is not to be used for food, for a fundraiser or to be donated. Receipts and invoices must be presented for reimbursement. **Do not commit funds before form approval.***

Is there anything else we should know about the event?

\_\_\_\_\_  
Student Submitting Form Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Advisor Signature\_\_\_\_\_  
Date☐ Approved ☐ Denied\_\_\_\_\_  
Student Life Manager Signature\_\_\_\_\_  
Date☐ Approved ☐ Denied\_\_\_\_\_  
Dean for Students Signature\_\_\_\_\_  
Date☐ Approved ☐ Denied\_\_\_\_\_  
Assistant Vice President of Finance  
(fundraiser only)\_\_\_\_\_  
Date**Office Use Only:**

Ad Astra #	Sodexo #	Flyers Approved
Work Order #	On Campus Wide Calendar (if applicable)	Contract/ W9 Submitted: