

Registered Student Organization

Event Request Form

Student Life

(Due 3 weeks prior to the event.)

Registered Student Organization (RSO) Information						
RSO Name		Event Contact Name				
X Number	Em	nail	Cell			

Event Details							
Anticipated Attendance:							
Start / End Ti	mes:						
Event							
□ Speaker							
Community Service / Volunteering							
\Box Movie/Film Showing (Viewing rights are required in order to hold the event.)							
□ Fundraiser – Please list Beneficiary of Proceeds:							
Other (Please list)							
ting with another RSO or department? Please list:							
eded to pay for services (e.g. speakers, entertainment):	🗆 Yes	🗆 No					
Items needed to be purchased by Student Life for the event:							
Additional Fund Request from Student Senate:	\$						
Student Senate fund requests are not to exceed \$500 per semester and cannot be used for food, fundraisers, or to be donated. <u>Please do not commit funds before approval</u> .							
	Anticipated Start / End Ti Start / End Ti Event Speaker Community Service / Volunteering Movie/Film Showing (Viewing rights are required in ord Fundraiser – Please list Beneficiary of Proceeds: Other (Please list) ating with another RSO or department? Please list: seded to pay for services (e.g. speakers, entertainment): Items needed to be purchased by Student Life for the event: Additional Fund Request from Student Senate: Student Senate fund requests are not to exceed \$500 per semester and cannot be used for food, fundraisers, or to be donated.	Anticipated Attendance: Start / End Times: Speaker Community Service / Volunteering Movie/Film Showing (Viewing rights are required in order to hold the event.) Fundraiser – Please list Beneficiary of Proceeds: Other (Please list) ating with another RSO or department? Please list: seeded to pay for services (e.g. speakers, entertainment): Yes Items needed to be purchased by Student Life for the event: Student Senate fund requests are not to exceed \$500 per semester and cannot be used for food, fundraisers, or to be donated.					

□ On-Campus Event – Please fill out Section A

□ Off-Campus Event – Please fill out Section B

Please email completed form to <u>StudentLife@waubonsee.edu</u> or print and turn into the Student Life Office (STC-126 / 630.466.2369)

2018 08 10

SECTION A

On-Campus Event										
Campus:					Preferred Room:					
Room Set Up:	#	f of Tables			# of Cha	irs		Stage Require	ed	
Describe Set Up:										
Media/Technical										
Needs: e.g. podium, microphones,										
including type of microphones, laptop,										
projector/screen, etc.										
Refreshments:	□ Yes □ No If Yes, Student Life will assist you to place the order.									
	NOTE: Refre	eshment are c	only allowed	in th	e following roo	oms:				
	Sugar Grove: APC-110, Auditorium, STC-106, STC-120 and BDE-150									
	Aurora Do	wntown: Ro	ooms 160 ar	nd 16	2					
	Aurora Fox Valley: Any Room									
			ny Room							
Potential Risks: Please check all that apply.	Highly Controversial Topic			Admission Fees / Money Present						
	Open to	the Public	e Public 🛛 Food Allergies/Health Issues					sues		
	Minors Present Higher Probability of Injury (requires liability waive)						waiver)			
	🗆 Other (PI	ease List)								
Campus Polic	□ Yes	🗆 No		Amount of	f Startin	g Cas	h Needed:	\$		
Starting Cash B	\$1 Bills	\$5	Bills	\$10 Bills	Qu	arters	Dimes		Nickels	
Ot	her Needs:									
Supervising RS	SO Advisor:					Cell:				

Signatures

Event Contact Signature

RSO Advisor Signature

Date

SECTION B

Off-Campus Event (Requires Student/Participant Travel Waiver Forms)								
Location:		Name:						
	Street /	Address:						
	City, S	tate ZIP:						
Departure Time:					Return Time:			
Transportation:	□ wcc	Van		🗆 Rental	Vehicle	🗆 Persono	al Vehicle	
Seven (7) day advance noticed required for all vehicle	🗆 Public	c Transpoi	tation	🗆 Air Tran	nsportation	□ Other		
rentals with a 72-hour cancellation policy.	Special	Accomm	odations	:				
Accommodations:	🗆 Hotel:	:			□ Other:			
Conference Registration: Please list any applicable deadlines (i.e. early bird pricing discounts).								
Traveling Advisor Nar	ne	Adviso	or Cell	Trc	aveling Advisor I	Name	Advisor Cell	
1.				2.				
Student Name		Stude	nt Cell		Student Nam	e	Student Cell	
1.				11.				
2.				12.				
3.				13.				
4.				14.				
5.				15.				
6.				16.				
7.				17.				
8.				18.				
9.			19.					
10.				20.				

Please note: Student/Participant Travel Waivers are due to Student Life two (2) Business Days prior to the event.

If more than 14 students will be traveling on a WCC van, a second advisor must be present and a second van should be requested.

Signatures

Event Contact Signature

Date

RSO Advisor Signature

Date

	For Student Life Office	USE ONLY		
		Date Received:		
Student Life	e Manaaer	Date	Approved	Denied
Dean for St	rudents	Date	Approved	Denied
Assistant Vi	ce President of Finance (Needed for fundraisers only)	 Date	Approved	Denied
	CHECK LIST	Date Submitted / C		INITIALS
On-Campus	Room Request (Ad Astra)			
Events:	Service Desk Order (Room Setup/AV Needs)			
	Flier Approval			
	Food Order			
	Contract/W9			
	Campus Police			
	Extended Hours			
	New Vendor			
Off-Campus Events:				
	Student/Participant Travel Waiver			
	Vehicle Request			
	Local Transportation			