REQUEST FOR SPONSORED EVENT
OFFICE OF STUDENT ACTIVITIES AND CAMPUS PROGRAM

ORGANIZATION ____________________________________________________________ DATE __________________

CLUB PRESIDENT____________________________________________________________ TELEPHONE __________________

EVENT TITLE ______________________________________________________________________________________________

EVENT PURPOSE/DESCRIPTION ______________________________________________________________________________
____________________________________________________________________________________________________________

EVENT DATE ________________  EVENT LOCATION ________________           EVENT HOURS ________________

REHEARSAL _______ TO _______ SET UP TIME _______ TO _______          DOORS OPEN AT _______________

TOTAL ANTICIPATED ATTENDANCE ________________  (STUDENTS_____  NON-STUDENTS______)

FUNDRAISER         YES      NO  ADVANCE TICKETS SALES  YES  NO  TICKET PRICE _______________

BOX OFFICE:         YES      NO  BOX OFFICE SALES HOURS _______ TO _______

PARKING LOT USE      YES      NO  METAL DETECTORS:     YES      NO

TYPE OF PUBLICITY _________________________________________________________________________________________

CONTRATED SERVICES (NAME OF DJ, SPEAKERS, ENTERTAINERS, ETC. ______________________________
____________________________________________________________________________________________________________

BUILDINGS AND GROUNDS SET UP  YES      NO  FOOD SERVED  YES      NO
(PLEASE ATTACH DIAGRAM)

AUDIOVISUAL/TECHNOLOGY NEEDS  YES      NO  COMPLETED REQUISITION  YES      NO

ORGANIZATION REPRESENTATIVE/S WHO WILL HAVE SPECIAL ACCESS TO EVENT: ______________________________
____________________________________________________________________________________________________________

ORGANIZATION’S SPECIAL CONCERNS: _______________________________________________________________________
____________________________________________________________________________________________________________

I, THE UNDERSIGNED, HAVE READ AND REVIEWED THE POLICIES AND PROCEDURES SET FORTH FOR THE USE OF CAMPUS FACILITIES AND AGREE TO ABIDE BY THEM. I ALSO UNDERSTAND THAT ORGANIZATION OFFICIALS ARE RESPONSIBLE FOR COLLECTING TICKETS, ASSISTING PUBLIC SAFETY STAFF AT EVENT ENTRANCE, ESTABLISHING AND MAINTAINING CONTACT WITH THE PUBLIC SAFETY SUPERVISOR ASSIGNED TO THE EVENT, MONITORING GUEST BEHAVIOR, AND REPORTING ALL SAFETY RELATED PROBLEMS OR INCIDENTS TO THE PUBLIC SAFETY SUPERVISOR OR OTHER PUBLIC SAFETY OFFICER/S IMMEDIATELY. NOTE: ORGANIZATION OFFICIALS ARE ENCOURAGED TO MEET WITH THE DIRECTOR OF SECURITY THE WEEK OF THE EVENT TO FINALIZE ALL DETAILS

____________________________  ____________  ____________________________  ____________
CLUB PRESIDENT SIGNATURE         DATE                             CLUB ADVISOR SIGNATURE                             DATE

PLEASE DO NOT WRITE BELOW THIS LINE

☒ ACCEPTED ☐ NOT ACCEPTED  _______________________________________________________________________________________

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