

**MORRISVILLE STATE COLLEGE
EVENT REGISTRATION FORM**

Student Activities Office

(All offices, individuals, organizations, fill out top section)

SPONSOR: (Name of organization/office)_____

CONTACT PERSON: Name: _____
Address: _____
Phone Number: _____

DATE OF EVENT: _____, _____, _____ / _____
Day of Week Month Date Year

TIME OF EVENT: _____ am/pm TO: _____ am/pm Set up: _____ Clean up _____
start end am/pm am/pm

LOCATION: _____

TYPE OF EVENT: _____ OPEN EVENT OR _____ CLOSED EVENT
Check one: Social Cultural Fundraiser Community Service
 Recreational Educational

PROGRAM TITLE: _____

PROGRAM DESCRIPTION: (Briefly summarize activities planned/topics to be addressed, names and titles of speakers, etc.)

Student Organizations must also complete all sections below:

SIGNATURE OF ADVISOR: _____

DATE: _____

*Please refer to the advisor's role and responsibilities section of the Advisors and Officers Handbook.

_____ TITLE: _____
Name of advisor on location at event to be held.

_____ DATE: _____
Signature of advisor of event.

Received by Student Activities Office: DATE _____

Received by _____

Event Approved _____ Not Approved _____

Submit a copy of this form to the Student Activities Office addressed at least two weeks prior to event.