SPONSOR: (Name of organization/club) ________________________________

CONTACT PERSON: Name: __________________________________________
E-mail: __________________________________________________________
Phone Number: ____________________________________________________

DATE(S) OF EVENT: ___________, ____________, _________/__________
Day of Week  Month   Day       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: _______ Event       _______ Fundraiser       _______ Community Service

AMOUNT YOU WILL CHARGE: __________________________________________

EVENT TITLE: ______________________________________________________

EVENT 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: _______________________

Print name of advisor on location at event to be held.

_____________________________ DATE: _______________________

Signature of advisor on location at event.

_____________________________ DATE: _______________________

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Received by Student Activities Office: DATE______________________
Received by__________________
Room Reserved _____________ Event Approved__________ Not Approved__________
Comments:____________________

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