OFF-CAMPUS EVENT FORM

*should be turned in no later than a week before the event

_____ Name of event
_____ Group responsible
_____ Sponsor attending
_____ Sponsor's cell #
_____ Date/s of event
_____ Time of event
_____ Ending time
_____ Location of event
_____ Contact person at location
_____ Contact cell # or business #
_____ Type of transportation

Describe the event and planned activities (attach schedule to this form):

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