REQUEST FOR SPONSORED EVENT

OFFICE OF STUDENT ACTIVITIES AND CAMPUS PROGRAM

ORGANIZATION		DATE
CLUB PRESIDENT		TELEPHONE
EVENT TITLE		
EVENT PURPOSE/DESCRIPTION		
	ENT LOCATION	
	T UP TIME TO	
TOTAL ANTICIPATED ATTENDANCE	(STUDENTS NON-	STUDENTS)
FUNDRAISER OYES NO AD	vance tickets sales \square yes \square no	TICKET PRICE
BOX OFFICE: YES NO BO	X OFFICE SALES HOURS TO	
PARKING LOT USE YES NO ME	ETAL DETECTORS: DYES NO	
TYPE OF PUBLICITY		
CONTRACTED SERVICES (NAME OF DJ, SPEAKERS, ENTERTAINERS, ETC.		
BUILDINGS AND GROUNDS SET UP (PLEASE ATTACH DIAGRAM)	yes 🗆 no 💮 food served 🗀	YES NO
AUDIOVISUAL/TECHNOLOGY NEEDS	YES NO COMPLETED REQUI	SITION DYES DNO
ORGANIZATION REPRESENTATIVE/S WHO WILL HAVE SPECIAL ACCESS TO EVENT:		
ORGANIZATION'S SPECIAL CONCERNS:		
I, THE UNDERSIGNED, HAVE READ AND REVIEWED THE PO IALSO UNDERSTAND THAT ORGANIZATION OFFICIALS ARE ESTABLISHING AND MAINTAINING CONTACT WITH THE PU ALL SAFETY RELATED PROBLEMS OR INCIDENTS TO THE PU OFFICIALS ARE ENCOURAGED TO MEET WITH THE DIRECT	RESPONSIBLE FOR COLLECTING TICKETS, ASSISTING PUBLIC SAFETY SUPERVISOR ASSIGNED TO THE EVENT, MOJBLIC SAFETY SUPERVISOR OR OTHER PUBLIC SAFETY OF	LIC SAFETY STAFF AT EVENT ENTRANCE, NITORING GUEST BEHAVIOR, AND REPORTING FICER/S IMMEDIATELY. NOTE: ORGANIZATION
CLUB PRESIDENT SIGNATURE	DATE CLUB ADVISOR SIGN	NATURE DATE
	PLEASE DO NOT WRITE BELOW THIS LINE	
OACCEPTED ONOT ACCEPTED	DIRECTOR OF STUDENT ACTIVITIES	DATE
OACCEPTED ONOT ACCEPTED	DIRECTOR OF STODERY ACTIVITIES	DAIL
	DIRECTOR OF PUBLIC SAFETY AND SECURITY	DATE
OACCEPTED ONOT ACCEPTED	OFFICE OF CAMPUS PLANNING	DATE
OACCEPTED ONOT ACCEPTED		
	DEAN FOR STUDENT DEVELOPMENT	DATE
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VICE PRESIDENT FOR STUDENT DEVELOPMENT

DATE