



Registration of Organization Event

Please return to the director of student programs in the Freshman Center

Today's date: (MM/DD/YY) _____

Organization Name: _____

Person Submitting Request: _____

Phone Number: _____ E-mail: _____

1. Date of Event: (MM/DD/YY) _____ Time of Event: _____

2. Name of Event: _____

3. Type of Event (Please check):

<input type="checkbox"/> Fundraiser**	<input type="checkbox"/> Conference/Seminar	<input type="checkbox"/> Program	<input type="checkbox"/> Rally
<input type="checkbox"/> Retreat	<input type="checkbox"/> Social Activity	<input type="checkbox"/> Community Svc.	<input type="checkbox"/> Other

4. Briefly describe the content of this event. In other words, what are you doing during this event? _____

FUNDRAISERS ONLY**

Please note that door-to-door solicitation and raffles are strictly prohibited. The organization conducting the event should be clearly identified on all signs, tickets and literature.

Please specify the location of your sales both on-campus and off-campus for this event.

Start date: _____ End Date: _____

Item for sale: _____

Amount selling for: _____

Does this require set-up of tables/chairs? _____ The Student Activities Office coordinates information tables in Campus Center hallway only. If you have other set-up needs, coordinate with Coletta Furner at 788-7009.

If so, where do you need them? _____

5. Location of Event: _____

*Make sure that you have confirmed the availability of the space and **set-up** with Coletta Furner at 7009.*

6. Back-up Plan in the Event of Inclement Weather: _____

7. Start Time: _____ End Time: _____

8. Number of People Expected to Attend/Participate: _____

9. How does this event promote the mission and purpose of your organization?

10. Are you traveling off-campus? If so, have you completed the Waiver of Liability, Student Travel Form, TR-1 and Travel Request form? _____

11. If you are traveling, what type of transportation are you using?

___ Personal Vehicle ___ University Vehicle ___ Commercial Plane
___ Rental Car ___ Other _____

12. Is the event open to the public? ___ Yes ___ No

13. Are you contracting a service from a non-university entity? ___ Yes ___ No
(For example, are you renting equipment, contracting with a t-shirt company, etc.)

14. Are you posting any advertising information on campus? ___ Yes ___ No
Make sure that all advertising has been stamped by the Student Activities Office.

15. Please list any special requests. Remember that set-up needs are coordinated through Coletta Furner and sound/lighting needs are coordinated through Stacey Jones. This listing is for Student Activities Office informational purposes only. Information listed here will not be relayed to other departments.

Printed Name of President

Date MM/DD/YY

Signature of President

Printed Name of Advisor

Date MM/DD/YY

Signature of Advisor

For Student Activities Use Only

Review date: _____
Approved by DSP: _____
Copy sent to Advisor? _____
Original in file? _____

FUNDRAISERS ONLY

Review Date: _____
Approved by VC of SASS _____