Appendix E

Event Registration Form for Student Organizations

Forms must be submitted and reviewed at least <u>two weeks prior</u> to the event date to the Office of Student Development in the Student Union Building.

Name of the Organization:		Date:			
Officer Name/Title:		Email	:		
Organization Advisor Name:		Emai	l:		
Name of Event:					
Event Date(s):					
Description of Event:					
					_
Facility Reserved? Yes No Facility	Requestir	ng:			
All facility requests should go through the Vic	e Preside	ent of Instru	ction's Adr	ninistrat	ive Assistant
Logistics: Event Start Time: Event End Time: _		_ Estimated A	Attendance:		
Event is open to: Members and guests only	_ Campu	s Only	_Public		
Do you want this event posted on the online Stud	dent Activ	vity Event Ca	lendar?	Yes	No
Will the event have an admission charge?	Yes	_ No			
Will the event require ticketing?Yes	No				
Is the event a fundraiser? Yes No					
Are you selling anything? Yes No					
Cost per ticket or item selling? (if applicable)		_			
Are you using the outdoor amplified sound?	Yes	No			
Is the event being co-sponsored by another on-ca If yes, please provide the co-sponsoring organiza	ampus org	ganization? _	Yes	No	
Is the event sponsored or promoted by a non-col If yes, please provide the non-college organization	lege orgai	nization?	Yes	No	
Is a physical activity (dancing trampolines, etc.)					

Please explain:		
Will food or beverages be served or sold at this event? If yes, please explain:	Yes No	
Will food or beverages be prepared and/or cooked on site	e (E.g., BBQ)? Yes No	
I, as an authorized officer of the above-mentioned gro- regulations and city, state, and federal laws. I underst responsible for violations of any College policies and of understand that I am responsible for any damages and to any facility damage incurred while in use by my or	and that both my organization and I may b city, state, and local laws related to this even d clean-up, and will be expected to pay for a	e held it. I
Contact Signature:		
Print Name:	_ Date:	
Organization Advisor Signature:		
Print Name:	_ Date:	
APPROVED BY:		
Director of Student Development	Date	
Vice President of Student Services	Date	

Any approval required beyond the Vice President of Student Services will be escalated to the appropriate office as necessary.