



# EVENT PLANNING & SPACE REQUEST

EVENTS MANAGEMENT

A written confirmation will be sent to the requestor after the event has been reviewed, approved by all parties, and processed. This confirmation will include any special requirements or fees set by the Office of Events Management, the Public Safety Office, and other associated College offices. Incomplete applications will not be processed.

**NO EVENT IS AUTHORIZED UNTIL THIS FORM IS FULLY SIGNED.**

## SPONSOR AND EVENT INFORMATION

<b>Department or Student Club/Group, Related Entity or Corporation Making Request:</b>  <b>Coordinator(s) of Event:</b> <b>Name:</b> _____ <b>Email:</b> _____ <b>Phone:</b> _____  <b>Name:</b> _____ <b>Email:</b> _____ <b>Phone:</b> _____  <b>Department Approval :</b> <b>Name:</b> _____ <b>Email:</b> _____ <b>Phone:</b> _____	_____ _____ _____  _____ _____ _____  _____ _____ _____  _____ _____ _____	<b>Title/Description of Event:</b>  _____ _____ _____  <b>Type of Event:</b>  <b>Proposed Date of Event:</b> <b>Alternate Date(s):</b> <b>Event Begins/Ends:</b> _____ am/pm _____ am/pm  <b>Proposed Event Location:</b>  <b>Alternate Location:</b>  <b>Set-Up Time:</b> _____ hrs <b>Breakdown Time:</b> _____ hrs	_____ _____ _____  <input type="checkbox"/> Performance/Activity <input type="checkbox"/> Meeting <input type="checkbox"/> Lecture/ Speaker <input type="checkbox"/> Tabling <input type="checkbox"/> Other _____  _____ _____ _____  _____ _____ _____  _____ hrs _____ hrs
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### CHECK ALL THAT APPLY

Total number of Participants – maximum: \_\_\_\_\_ Participants:  Student  Faculty/Staff  Guests  General Public

### WILL EVENT INCLUDE ANY OF THE FOLLOWING:

- Performer/Lecturer/Vendor(s):  
 Name: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Name: \_\_\_\_\_
- Fundraising – Type: \_\_\_\_\_ For: \_\_\_\_\_
- Event charge/admissions fee: \_\_\_\_\_ Promoting a product or service: \_\_\_\_\_
- Items for distribution (pamphlets, handbills, or advertising materials) \_\_\_\_\_
- Request for Promotional Assistance
- Audio/Visual Equipment: \_\_\_\_\_
- Set up: chairs: \_\_\_\_\_ Tables: (Specify round or rectangular) \_\_\_\_\_ Other: \_\_\_\_\_
- Parking – How many vehicles: \_\_\_\_\_
- Food – Provided through:  Campus Food Service  Outside Vendor  Other: \_\_\_\_\_
- Alcohol (appropriate permit required in all cases and cannot be funded by student activity fees)  
 Served by:  Campus Food Service  Outside Caterer  Self – Service

## INSURANCE DETAILS

All events require insurance unless a waiver is requested and approved by the College.

- Performer/Lecturer/Vendor to Provide Insurance
- Event Venue has Insurance Policy that will cover the Event
- Insurance Waiver Requested as Event involves:  Government Entity  Small Non-Profit  Other: \_\_\_\_\_

## AUTHORIZATION

I certify that I have reviewed the reservation and accompanying documentation and approve the reservation.

\_\_\_\_\_  
Signature of Director, Events Management Date  
Changes and cancellations should be emailed to the Events Management department for review. Changes will be accepted up until 2 weeks prior to the event.

**OFFICE USE ONLY**

**Events Management Check List:**

- |   |                              |                             |   |
|---|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Certificate of Insurance Received* | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable (insurance waived)        |
| <input type="checkbox"/> Written Agreement Received**       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable                           |
| <input type="checkbox"/> Alcohol Permit Received            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable (no alcohol to be served) |

**ESTIMATED EXPENSES:**

Budget Line: _____	\$ _____	Budget Line: _____	\$ _____
Budget Line: _____	\$ _____	Budget Line: _____	\$ _____
		Total:	\$ _____

Send a Copy of Completed Form to:

- |  |                  |
|--|------------------|
| <input type="checkbox"/> Public Safety           | Date Sent: _____ |
| <input type="checkbox"/> Physical Plant Services | Date Sent: _____ |
| <input type="checkbox"/> Audio Visual            | Date Sent: _____ |

**\*Certificate of Insurance should be completed and submitted to Events Management at least 48 hours prior to the event.**

**\*\* Performance Agreements, (if used) or written specifications should be completed and submitted to Events Management at least two (2) weeks prior to the event. Performance Agreements, as well as other written agreements for purchases of \$20,000 and over, must be approved by the Assistant VP for Administrative Affairs.**