

Event Approval/Request Form

Organization Information:

Organization: _____
 Contact name: _____
 Email : _____
 Phone: _____

Event Request Information:

Name of Event: _____

Requested Location (please specify room number or requested location, e.g. *Krasa ABC*)

Krasa: _____ Coal Ben Open (back room): _____ Coal Ben Closed (back room): _____
 Kindlon: _____ Birck: _____ Scholl: _____ Rice Center: _____ Other: _____

Date: _____ Time: _____ (am/pm) - _____ (am/pm)

Name of Event and Type (Social, Educational, Fundraiser, Cultural or other)
 If Other _____

How does this event relate to your organizations mission and how will it enhance campus life? _____

Do you wish to receive funding? Yes No

If you wish to receive funding you will need to submit a Funding Request Form to be reviewed by the Funding Review Board.

Supplies:

- AV Requested: _____
 Mic _____ # _____ Speakers _____ # _____ Laptop _____ # _____ Projection _____
- Campus Services- Tables # _____ Chairs # _____ other _____

By signing below, you hereby state that the above information is valid and truthful. Forms must be submitted at least a month before the event date.

 (Signature)

 (Date)

 (Advisor Signature)

 (Date)

OFFICE USE ONLY:

Approved by Student Activities: _____ / ____ / ____
Signature Date