



Event Request Form

Event/File # _____

For office use only

This form must be completed at least four weeks in advance. Please allow approximately one week for processing.

Event Name: _____

Event Date(s): _____ Event Time(s): _____

Day(s) of the Week: _____

Club/Organization: _____

Contact Person Name: _____ Cell Phone: _____

Email: _____

Club Advisor: _____ Club Advisor Email: _____

Type of Event: Social Cultural Educational Spiritual Occupational Service Recreational (circle one)

Requested Date: _____ / _____ / _____ Requested Location: _____

(Day) (Month) (Date) (Year)

Alternative Date: _____ / _____ / _____ Alternative Location: _____

(Day) (Month) (Date) (Year)

Estimated Attendance: _____

Event Start Time: _____ a.m. / p.m.

Event End Time: _____ a.m. / p.m.

Description of event: _____

Students: Has this event been submitted to Student Activities? Yes ___ No ___

Has this event been approved by Student Activities? Yes ___ No ___

If approved, please attach their approval email to this form, so we can begin processing your event.

(Student Activities' approval is not needed for departmental events.)

Note: No advertising is allowed until the event is approved.