



**“SPECIAL EVENT QUESTIONNAIRE”**

Preplanning is a necessary element for a successful event. In order to ensure a safe, secure, smooth running and problem free function, a well thought out plan is required. Proper planning may not prevent incidents, but should they occur preplanning will provide for the immediate and effective response to such incidents.

Please complete the following questionnaire and provide the requested documents two weeks prior to the scheduled date of the event. Answers such as “refer to files” or “past records” are unacceptable. All questions must be answered.

**Note: Submission of this application does not constitute final approval.**

*All questions must be answered. If the question does not apply, please mark the question with N/A.*

Today’s Date: \_\_\_\_\_

Name of Sponsor/Group: \_\_\_\_\_

Person in Charge of Event: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Contact Person: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Name of Event: \_\_\_\_\_ Type of Event: \_\_\_\_\_  
(Party, Play, Etc.)

Total Number of Performers: \_\_\_\_\_ Name of Group or Speaker: \_\_\_\_\_

Time of Event: From: \_\_\_\_\_ To: \_\_\_\_\_ Pre/Post Reception: Y/N Alcohol: Y/N Food: Y/N

Reception Location: \_\_\_\_\_ Location of Event (Bldg./Room): \_\_\_\_\_

Admission Charge: \_\_\_\_\_ Anticipated Number of Attendees: \_\_\_\_\_ Pre-Sold Tickets: Y/N

Restrictions regarding attendance: \_\_\_\_\_  
(University ID, etc.)

Date of Last Event at New Jersey City University: \_\_\_\_\_

\*\*Contract Event: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Nature of Event: \_\_\_\_\_

Problems/Concerns with event or location (please describe): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*\*Contract Event means any event which is sponsored by an internal or external organization and exceeds 50 attendees.

