



SPACE REQUEST & EVENT PLANNING FORM

Sponsor _____ Date Request Submitted _____
Name of Organization/Department

Co-sponsoring organization(s) _____

MEETING/EVENT SPACE

Location Requested _____ Date _____ Time _____ # of attendees _____
Room# From To

Describe purpose of event/meeting _____

Print Name _____ Signature _____
Executive Officer Submitting Request

Contact Number _____ E-mail _____

Event Type: Athletic _____ Dance _____ Meeting _____ Reception _____ Workshop _____ Concert _____ Lecture _____
Party _____ Recreation _____ Fundraiser _____ Other (describe) _____

FOR CLUBS/ORGANIZATIONS ONLY: Services Needed (Check): Media Services ____ Facilities ____

Describe Services Needed: _____

BUDGET

Total Cost: _____ Approved Not Approved
Approval: _____
OSL Bookkeeper Date

FACULTY ADVISOR APPROVAL

Faculty Advisor's Name: _____ Faculty Advisor's Extension: _____

I am aware of and approve of the above program. Yes No

I or designee agrees to be present for the duration of this event. Yes No

Designee: _____ Contact #: _____

Designee Signature Date

Faculty Signature: _____ Contact #: _____

CONTRACTUAL SERVICES (e.g. Speakers, Performers, DJ's, Vendors, etc.)
 Payee Name(s): _____ Fee: _____
 _____ Fee: _____
 _____ Fee: _____
 Description of Services: _____
 Is the CONTRACT PACKET (s) completed? _____ **(Please attach with check request)**

PUBLIC SAFETY REQUEST
 Quote generated by Security Office: _____ Guest Policy Meeting
 Time: _____
(Please attach quote. The location of the meeting is in OSL unless otherwise specified.)
 Has the guest list been created for security? Yes No
 Approval: _____
 Security Signature _____ Date _____

FOOD SERVICES REQUEST
 Quote generated by MBJ Catering Office: _____
Outside Food Vendor
 Health Certificate & Proof of Insurance (\$1 mil.): _____
 Invoice: _____

PRINT SHOP REQUEST (Posters, Flyers, Tickets, etc.)
 Quote generated by Print Shop Office: _____ (please attach quote)
 Are tickets required for this event?
 Printing Quote for In-house Tickets: _____ # of tickets: _____

TRAVEL
(Attendance roster with name and contact info must be attached. LIABILITY WAIVERS required for all participants.)
 Type of event: _____ Destination: _____
 Type of transportation: _____ # of students: _____
 Chaperone: _____ Contact # _____

FUNDRAISERS
 Detailed Reason for Activity: *Attach proposal signed by Faculty Advisor*
 Approval: _____
 Director of the Office of Student Life _____ Date _____

Forms submitted without the signature of the student organization's faculty advisor will not be accepted. If the event is being co-sponsored, each organization must completed a form with their faculty advisor's signature.

EVENT APPROVAL: _____
 OSL Signatory PRINT SIGN DATE