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.)**

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<tr>
<th>Payee Name(s):</th>
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Description of Services: ________________________________________________________

Is the CONTRACT PACKET (s) completed? __________ (Please attach with check request)

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**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

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**FOOD SERVICES REQUEST**

Quote generated by MBJ Catering Office: ____________________

**Outside Food Vendor**

Health Certificate & Proof of Insurance ($1 mil.): ____________________

Invoice: ____________________

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**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: ___________

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**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 # ____________________

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**FUNDRAISERS**

Detailed Reason for Activity: Attach proposal signed by Faculty Advisor

Approval: ____________________

Director of the Office of Student Life Date

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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.

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**EVENT APPROVAL:**

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<th>OSL Signatory</th>
<th>PRINT</th>
<th>SIGN</th>
<th>DATE</th>
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