

## The Office of Student Life Event Request Form

**(Please submit form 3 weeks prior to event date for processing time)**

*(Please make sure to complete entire form and obtain all required signatures for this form prior to submittal)*

Club/Organization Name: \_\_\_\_\_

Person Submitting Request: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. Event Name: \_\_\_\_\_

2. Event Date: (MM/DD/YY) \_\_\_\_\_ Event Day: \_\_\_\_\_

Start Time: \_\_\_\_\_ am/pm End Time: \_\_\_\_\_ am/pm

*(\* Please include set-up and clean-up time in start and end times listed above.)*

Recurring Event: Yes \_\_\_\_\_ No \_\_\_\_\_ If Recurring, how often: \_\_\_\_\_

3. Type of Event:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Leadership/Enhancement       | <input type="checkbox"/> Joint Venture/Fellowship |
| <input type="checkbox"/> Fundraiser        | <input type="checkbox"/> Social Activity              | <input type="checkbox"/> Program                  |
| <input type="checkbox"/> Meeting           | <input type="checkbox"/> Other (Please Explain) _____ |   |

4. Describe the event with as much detail as possible. Please attach any additional documents to this request that would help with arranging details (ex., itineraries, maps/layouts, etc.):

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

5. Number of people expected to attend/participate: \_\_\_\_\_

*(\* Campus Security will be notified for events with greater than 200 people.)*

6. Location of event:  On-Campus  Off-Campus \_\_\_\_\_

1<sup>st</sup> choice location

2<sup>nd</sup> choice location

7. This event is open to:

- Student Body     General Public     Both Student Body & General Public  
 By Invitation Only

8. Will there be any purchases for this event: Yes No **(If yes, you must fill out a Purchase Request Form and submit it with this request to be considered for approval.)**

9. Will there be food for this event: Yes No

If yes, please check one of the food options below and attach all appropriate paperwork:

Fundraising Event *(If so, please get copy of **LCCC Student Life Fundraiser Menu** from Office of Student Life and attach your catering order with a **Purchase Request Form** along with this form to be considered for approval.)*

If Fundraising food is being donated, a Food Waiver must be submitted to LCCC's Food Services for Prior Approval  
*(Please attach a completed **Food Waiver Request Application** with this request to be considered for approval)*

Use LCCC Catering *(If so, please get copy of **LCCC Student Life Catering Menu** from Office of Student Life and attach your catering order with a **Purchase Request Form** along with this form to be considered for approval.)*

10. What equipment is needed for the event:

<input type="checkbox"/> None	<input type="checkbox"/> PA System	<input type="checkbox"/> Laptop	<input type="checkbox"/> Trash Cans
<input type="checkbox"/> Tables (#____)	<input type="checkbox"/> Mic	<input type="checkbox"/> Projector	<input type="checkbox"/> Electrical Outlet
<input type="checkbox"/> Chairs (#____)	<input type="checkbox"/> (#____) Wireless handheld	<input type="checkbox"/> Wireless remote control	<input type="checkbox"/> Power Cords (#____)
<input type="checkbox"/> Stage (large enough for how many people _____)	<input type="checkbox"/> (#____) Wireless lapel	<input type="checkbox"/> TV (#____)	<input type="checkbox"/> Extension Cords (#____)
	<input type="checkbox"/> Mic Stands (#____)	<input type="checkbox"/> DVD (#____)	<input type="checkbox"/> Technical Rider (Please attach copy)
		<input type="checkbox"/> VCR (#____)	

**Office Use Only**

Approved     Not Approved     Not adequate time     Inappropriate for campus

Manager of Student Life's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Club/Organization Notified by:  E-mail     Phone     In Person    Date: \_\_\_\_\_ Initial: \_\_\_\_\_