

The Office of Student Life EVENT REQUEST FORM

Club/Organization Name: _____

Person Submitting Request: _____

Phone Number: _____ E-mail: _____

1. Event Name: _____

2. Event Date: (MM/DD/YY) _____ Start Time: _____ am/pm End Time: _____ am/pm

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. Briefly describe the event: _____

5. Number of people expected to attend/participate: _____

6. Location of event: On-Campus Off-Campus _____

7. Type of setup: 1st choice 2nd choice
 Lecture U-Shape H-Style Square Rectangle Other _____

8. This event is open to:

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

9. Is Campus Security needed for this event: Yes No (Campus Security will be notified for events with greater than 200 people.)

10. Will there be any purchases for this event: Yes No (If yes, please fill out Purchase Request Form.)

11. Will there be food: Yes No

If yes, what is the food for:

- Concessions (Please see guidelines for concessions)
 Catering (Please fill out the LCCC Catering Request Form)

12. What equipment is needed for the event:

<input type="checkbox"/> None	<input type="checkbox"/> PA System	<input type="checkbox"/> Laptop <input type="checkbox"/> VCR (#____)	<input type="checkbox"/> Kiosk
<input type="checkbox"/> Tables (#____)	<input type="checkbox"/> Mic (#____)	<input type="checkbox"/> Projector	
<input type="checkbox"/> Chairs (#____)	<input type="checkbox"/> Mic Stands (#____)	<input type="checkbox"/> TV (#____)	<input type="checkbox"/> Electrical Needs
<input type="checkbox"/> Stage	<input type="checkbox"/> Trash Cans	<input type="checkbox"/> DVD (#____)	

Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Office Use Only:
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Program Coordinator Signature: _____ Date: _____
Dean HPERSL Signature: _____ Date: _____
Club/Organization Notified by: <input type="checkbox"/> E-mail <input type="checkbox"/> Phone <input type="checkbox"/> In Person Date: _____