



Office of Student Life

EVENT REQUEST FORM

CLUBS MUST **ALLOW 2-3 WEEKS** PRIOR TO EVENT DATE FOR PROCESSING THIS REQUEST

ALL REQUIRED INFORMATION & SIGNATURES MUST BE COMPLETED BEFORE REQUEST IS ACCEPTED

REQUESTOR INFORMATION

Name of Club/Organization:	
Name of Requestor:	
Email:	Phone:
Requestor Signature:	Date:
Advisor Signature:	Date:

EVENT INFORMATION

Name of Event:			
Date of Event(MM/DD/YY):		Day of Event:	
Time of Event: <small>(Please Include Setup/Cleanup)</small>	Start Time:	am/pm	End Time: am/pm
Expected Number of Participant /Guest: <small>(Campus Security has to be notified for events greater than 200 participant)</small>			
Location of Event: <input type="checkbox"/> On Campus <input type="checkbox"/> Off Campus			
1 st Location Choice:		2 nd Location Choice:	
Type of Event: <input type="checkbox"/> Program <input type="checkbox"/> Community Service <input type="checkbox"/> Meeting <input type="checkbox"/> Leadership/Enhancement <input type="checkbox"/> Social Activity <input type="checkbox"/> Joint Venture/Fellowship <input type="checkbox"/> Fundraiser <input type="checkbox"/> Other (Please Explain) _____		Event Open To: <input type="checkbox"/> Student Body <input type="checkbox"/> General Public <input type="checkbox"/> Both Student Body/General Public <input type="checkbox"/> Invitation Only	
Recurring Event: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Recurring, How often:	

EVENT DETAILS

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, floor plan layouts, etc.):

PURCHASING NEEDS

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.)
 (PLEASE NOTE: IF A CHECK IS NEEDED UP FRONT, IT WILL TAKE UP TO 3 WEEKS FOR ACCOUNTS PAYABLE TO PROCESS)

FOOD NEEDS

Will There Be Food For This Event: Yes No (If yes, please check one of the food options below and attach all appropriate paperwork):

LCCC Catering Services (Please select your food items from the LCCC Catering Menu (you can pick one up at the Student Life front desk) attach your catering order with a Purchase Request Form along with this form to be considered for approval.)

Fundraising Event (If yes, please select your food items from the LCCC Catering Menu (you can pick one up at the Student Life front desk) attach your catering order to a completed Purchase Request Form along with this form to be considered for approval.)

Fundraising Food Donated (If Fundraising food is being donated a Food Waiver must be submitted to LCCC Dining Services for prior approval. Please attach a completed Food Waiver Request Application with this request to be considered for approval)

(PLEASE NOTE: IF A FOOD WAIVER IS BEING SUBMITTED, IT MAY TAKE UP TO 3 WEEKS TO PROCESS)

EQUIPMENT NEEDS

Will You Need Equipment For This Event: Yes No If yes, what equipment will be needed:

FURNITURE(PHYSICAL PLANT)	SOUND/ELECTRICAL	TECHNOLOGY
<input type="checkbox"/> Tables #____ <input type="checkbox"/> Chairs #____ <input type="checkbox"/> Stage large enough for how many people #____	<input type="checkbox"/> PA System #____ <input type="checkbox"/> Mic Wireless Handheld #____ <input type="checkbox"/> Wireless Lapel #____ <input type="checkbox"/> Mic Stands #____ <input type="checkbox"/> Electrical Outlet #____ <input type="checkbox"/> Power Cords #____ <input type="checkbox"/> Extension Cords #____ <input type="checkbox"/> Technical Rider #____ (Please attach copy)	<input type="checkbox"/> Laptop <input type="checkbox"/> Projector <input type="checkbox"/> Wireless Remote Clicker <input type="checkbox"/> TV #____ <input type="checkbox"/> DVD #____ <input type="checkbox"/> VCR #____
OTHER		
<input type="checkbox"/> Trash Cans #____ <input type="checkbox"/> Other Needs: _____ _____ _____ _____		

OFFICE USE ONLY

Approved
 Not Approved
 Not Adequate Time
 Inappropriate For Campus

Student Life's Manager Signature: _____ Date: _____

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