

EVENT REQUEST FORM

Organization/Class Requesting			
Event:			
Event Description			
(include room needed, etc.):			
Number attending event:			
Date(s) of Event:			
Event Start Time			
(please include set-up time):			
Event Stop Time			
(please include tear-down time):			
Additional Event Information:			
(need table, chairs, outlet, special			
equipment, catering needs, table			
clothes, decorations, etc.)			
Other information:			
Organization Contact Person:			
Contact Person's Phone #:			
Contact Person's E -mail:			
Contact Person's Signature		Date	
Organization's Advisor Signature		Date	
Il event submissions must be submitted vent. Once a preliminary approval has coordinator, located in G2. (Please not brocess ASAP). Once a location has been the OSA. Please keep in mind total powent is successful. FOR OFFICE USE ONLY	taken place, event location mu e, campus space is limited and en selected and scheduled, a fi	st be scheduled through the campus Ev not always available. Please start the h nal approval will be considered and pos	vents Event Request ssibly approved
Received by:Office of Student Act	ivities	Date	-
EVENT COORDINATOR APPROVE	D: Event Coordinator	Date	
ACTION TAKEN: APPROVED	DENIED	MORE INFO NEEDED	
Final Approval:			

Date

Office of Student Activities