



OFFICE OF STUDENT ENGAGEMENT

Received on: _____

BUSINESS OFFICE:

Received on: _____

MAINTENANCE & OPERATIONS:

Received on: _____

Please contact the Office of Student Engagement for contract and/or insurance requirements.

This form must be submitted within 15 working days prior to the date of the meeting or event.

Any revisions, changes, or cancellations require written notice at least 5 days prior to the request.

Submit all funding and Meeting or Event Request Forms to the Office of Student Engagement.

Contact Information

Contact Name: _____ Phone: _____ Email: _____

Name of Student Club/Organization: _____

Meeting or Event Information

Name of Meeting/Event: _____ Date of Event: _____

Type of Meeting/Event: _____ Location Requested: _____

Time of Event (list duration of event, including start time and end time): _____

Time needed for access for set up prior to event: _____ Expected Attendance: _____

Event Held on Campus? YES NO *(If event is off campus, then submit Liability Forms to the Office of Student Engagement PRIOR to event.)*

Event Open to Public? YES NO Will donations be solicited? YES NO

Will admission fees, contributions, or membership dues be collected? YES NO Amount Charged? \$ _____

Please explain how proceeds will be used: _____

Are you requesting funding from ASO? YES NO If yes, the Budget Request Form must accompany Facility Request.

Are you requesting off-campus services (speakers, vendors, etc.)? YES NO If yes, contracts must be prior approved.

Please list all vendors and/or invited speakers: _____

Are you planning to serve food? YES NO If yes, please attach current food handler's license of the food service.

The Event/Meeting Facility Form will not be approved until the vendor contract and/or food handler's license is received.

Are you requesting parking permits? YES NO If yes, please note quantity: _____

WAIVER OF CUSTODIAL COSTS: Permittee agrees to return facilities to original state to qualify for a waiver of custodial fees. Failure to restore all facilities to their original state will require payment.

Faculty/Staff Advisor Approval (includes being present at event/meeting)

Advisor Name: _____ Department: _____

Advisor Email: _____ Advisor Campus Phone: _____

REQUIRED Faculty/Staff Advisor Signature: _____