Event Approval Form

Organization: _________________________________________________________________

Proposed Event: _______________________________________________________________

Date of Event: ______________________________ Time of Event:_____________________

Location of Event:_____________________________________________________________

Requested By: _________________________________________________________________

Is this event a fund raiser? _________________________

Description of items to be sold: __________________________________________________

____________________________________________________________________________
____________________________________________________________________________

What will the money raised be used for? __________________________________________

____________________________________________________________________________
____________________________________________________________________________

Set up needed: ________________________________________________________________

____________________________________________________________________________
____________________________________________________________________________

Submitted By: ____________________________ Date: ____________________________

Organization President

Approved By: ____________________________ Date: ____________________________

Director of Student Activities

Approved By: ____________________________ Date: ____________________________

Dean of Student Services

Would you like for this event to be put on the Calendar? _____________

Remember, this form must be completed and turned in well in advance of the 25th day of the month prior to the month it takes place.