



STUDENT ACTIVITIES

EVENT REQUEST FORM

Please use this form to request approval for an event/activity in which your student organization would like to host. Please complete the form at least 4 weeks before the event.

ORGANIZATION AND CONTACT INFORMATION

Organization Name: Contact Person (Full Name):
E-mail: Phone:

EVENT INFORMATION

Event Title:
Event Date: Start Time: End Time:
Event Cost (Estimation): Amount Requested: Budget Amount Approved:
Event Location: Anticipated Event Attendance:

Briefly describe what the event is about, its purpose, planned activities, vendor (s), target audience, and why students should attend.

Would you like for this event to be put on the Calendar? [] Yes [] No

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.

Advisor's Full Name Signature Date

FOR OFFICE USE ONLY

[] Approved [] Not Approved

Director of Student Activities Signature Date Reviewed