

Office of Student Life

STUDENT EVENT INFORMATION FORM

Name of Student Group Sponsoring This Event: _____

Name* of Student Submitting This Form: _____ Title/Office Held: _____

Type of Event: _____

Date of Event: _____ Expected # of Guests: _____

Location of Event: (If off campus, give the exact name of venue and location.) _____

Name(s) of All Guest Artists, Performers, Speakers, etc.: _____

I. Anticipated Costs (Itemize all anticipated expenses such as refreshments, advertising, entertainment, security, etc.)

II. Anticipated Revenues (Itemize all anticipated revenues such as ticket and refreshment sales, coat-check, etc.)

PLEASE NOTE:

-The draft of the advertisement for this event must be stapled to this form. (No changes in the draft are permissible unless approved in writing by the Office of Student Services.)

-All contracts must be filled out and stapled to this form. (A contract must be provided whenever a student organization is using a service, performer, etc.)

We, as Finance Commissioner/President of the Student Government, state that the above named group:

- Has been allocated sufficient funds in their budget to have this event and will be responsible for all expenses incurred.
- Lacks sufficient funds in their budget to pay for this event.
- Is anticipating that the necessary funds to pay for this event will be forthcoming as a result of ticket sales.
- If revenues are insufficient to cover the costs of this event, the student government will take full responsibility for payment of any outstanding debts associated with the event.
- Requires no funds for this event.
- Other, please explain. _____

Public Safety & Security Officer – Date

Student Government President/Finance Commissioner/Treasurer – Date

*THE INDIVIDUAL SUBMITTING THIS FORM:

- 1) TAKES FULL RESPONSIBILITY FOR THIS EVENT AND ACKNOWLEDGES THAT IT HAS BEEN AUTHORIZED/APPROVED BY THE SPONSORING GROUP.
- 2) INDICATES THAT ALL INFORMATION PROVIDED IS CORRECT AND ALL INCLUSIVE.
- 3) INDICATES THAT COPIES OF ALL CONTRACTS, AGREEMENTS, ETC. FOR THIS EVENT HAVE BEEN AFFIXED TO THIS FORM.
- 4) MUST SECURE ALL TICKETS FROM THE COLLEGE ASSOCIATION OFFICE OR CENTRAL RESERVATIONS.
- 5) ACKNOWLEDGES THAT THE FILING OF FALSE INFORMATION WILL RESULT IN THE IMMEDIATE CANCELLATION OF THIS EVENT.
- 6) ACKNOWLEDGES THAT APPROVAL OF THIS EVENT IS NOT FINALIZED UNTIL THE DEAN OF STUDENTS REPRESENTATIVE SIGNS BELOW.

NOTE: This form must be filled out for ALL student events.

Signature of Dean of Students Representatives - Date

Signature of Organization President/Treasurer – Date