

**Schreiner University
Student Organization Event Form**

PLEASE TYPE OR PRINT

**COMPLETED FORM MUST BE SUBMITTED 10 WORKING DAYS IN ADVANCE OF THE EVENT
TO THE STUDENT ACTIVITIES OFFICE.**

As a representative and Event Coordinator of this organization, I hereby assume full responsibility for the organization adhering to all the University policies, procedures, and regulations; for the payment of necessary fees; and for the clean up arrangements related to this event.

RSO Name: _____

Event Coordinator Name: _____ Cell Phone: _____

Advisor: _____ Home (emergency only): _____

Event Coordinator Signature: _____ Date: _____

Event Basics/Facilities

1. Date of Event: _____ Day of the week of the event: _____

Alternate Date: _____ Alternate Day: _____

2. Event Time:

Set up time: _____ am/pm Event start time: _____ am/pm

Clean up time: _____ am/pm End time: _____ am/pm

3. Facility/Location Desired: _____ 2nd Choice: _____

If event is off campus please provide the name and address of the facility: _____

4. Name of Event: _____ Type of Event: _____

If event is also a fundraiser you must fill out the Fundraising form before final approval will be given for the event.

5. Estimated Attendance: _____ Admission Charged: Yes ___ No ___ Amount \$ _____

6. Invitation Only ___ Campus Only ___ Public Invited ___ Campus & Outside Attendees ___

7. Additional Event Approval

Events involving food (Sodexo), Pool (Campus Rec.), Softball Fields (Athletics) you will need to contact those departments and they must sign off on the event form. For tables & chairs at facilities outside of the CCAC you must contact Plant Operations for arrangements.

8. Indicate set up needs for the CCAC

___ Lectern w/ Sound ___ TV/VCR/DVD ___ CD Player ___ Overhead Projector

___ # of Tables needed ___ # of Chairs

***For set up of room and additional AV Needs meet w/ Director of Cailloux .** Each RSO is responsible for the clean up of the facilities reserved. If the facility is not clean a cleaning fee will be charged to the RSO.

*****FOR OFFICE USE ONLY*****

Date Rec'd: _____ Time Rec'd: _____ Rec'd By: _____ Approved Y N

9. Set Up needs for facilities outside of the CCAC

___ Request made for Plant Operations to deliver tables & chairs (Plant Ops charges a fee for this service)

___ Request made for A/V Equipment

NOTE: Ten (10) working days advance notice required for these requests.

Special Arrangements

1. SODEXHO FOOD SERVICES: Sodexho Food Services has EXCLUSIVE rights to catering for ALL on campus events.

I have contacted Sodexho: (circle one) YES NO WAIVED

We will have ___ Snacks ___ Meal

3. **Security**

University Security are required at any functions where alcoholic beverages are sold and/or at other events identified by University Security or the by Student Services. The ratio is 1 officer per one hundred (100) estimated attendees. Security is required to be present 15 minutes before and 30 minutes after events. The University requires the right to delay or cancel an event if University Security has not been contracted or is not present at the event.

___ Security will be needed due to estimated attendance

___ Number of Security required

4. **Required Signatures: (in this order and all that apply to your event)**

() _____
Advisor

() _____
Director of CCAC

() _____
Sodexho (Events with Food)

() _____
Director of Security

() _____
Plant Operations
(for events requiring add'l set up outside CCAC)

() _____
Director of Student Activities