

FORM A - STUDENT ORGANIZATION EVENT REQUEST FORM

Organization Name: _____

Event Name: _____

Event Start Time: _____ **End Time:** _____

Event Date: _____

Event Type: Meeting Presentation Fundraising Social Community
Service Event

Other: _____

Venue: Allenwood Library HUB Outdoors on-campus

Other: _____

** Form B must be submitted with Allenwood Request, Form C must be submitted with any other venue request.*

Anticipated Guest Count: _____

Theme: _____

Estimated Costs (completed itemized budget attached): _____

Student Organization Event Coordinator Name: _____

Email Address: _____ **Phone Number:** _____

Student Organization President Name: _____

Email Address: _____ **Phone Number:** _____

Description of Event:

Event requests must be submitted to student organization faculty advisory at least **three weeks prior to the event date.*

***Event coordinators must provide a status report to the faculty advisor **two weeks** and **one week** prior to the event date.*

Date Form Received by Faculty Advisor: _____ **Initial:** _____