Organization Activity Request Form

this application must be submitted with all required signatures no less than
TWO WEEKS prior to the date of the requested activity

EVENT INFORMATION

Sponsoring Organization(s):_________________________________________________

Activity: _____________________________ Proposed Date:_________ Time: ______

Proposed Location: ____________________________ Back Up Location: ___________

Activity Description:_______________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Goals of Event (what are you hoping to accomplish by sponsoring this event?)

1.

2.

3.

ADMISSION INFORMATION

Is admission restricted in any way?   YES    NO

If yes, in what way?_______________________________________________________

Will you be fundraising at this event? YES  NO

If yes, in what way?_______________________________________________________

$ Goal:___________  Actual $ Received: _________ SGA Treasurer Approved:
ORGANIZATION RESPONSIBILITY

Member directly responsible for ensuring that ALL clean up of event is completed:

________________________________________________________________________
(print full name)   (signature)   (CPO and phone number)

Alcoholic beverages are not permitted at any student activity. Anyone found to be in possession of alcoholic beverages will be subject to disciplinary action. The sponsoring organization is responsible for the enforcement of this policy.

Member directly responsible for the enforcement of the alcohol policy stated above:

________________________________________________________________________
(print full name)   (signature)   (CPO and phone number)

Freedom of speech is encouraged, assuming that all posters, flyers, or literature of any kind is in compliance with building and university policies, as well as Title IX, equal opportunity, and the alcohol and other drug policy. Approval is not meant to censor, but to check accuracy and ensure guidelines are being adequately followed and that all steps have been completed prior to publicizing on campus.

All publicity must clearly include organization name, event details such as location, date, and time, and is to be removed within 2 business days of event.

Member directly responsible for creation and distribution of any kind of publicity:

________________________________________________________________________
(print full name)   (signature)   (CPO and phone number)

Publicity to be used (circle all types): Poster Flyer Email

Other:_________________ Social Media (Account:______________________________ )
APPROVAL SIGNATURES

I agree to give no publicity to this activity until this request form has been signed, returned to the Student Services Office, and approved. I further agree that I will assume full responsibility for the proper direction of this activity and that I will see that all college property and equipment is left in order.

Student in Charge of Activity:

________________________________________________________________________
(print full name)   (signature)   (CPO and phone number)

Faculty-Staff Advisor:

________________________________________________________________________
(print full name)   (signature)   (email and phone number)

<table>
<thead>
<tr>
<th>Checklist</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilities Needs:</td>
<td></td>
</tr>
<tr>
<td>Publicity Checked and Approved:</td>
<td></td>
</tr>
<tr>
<td>All Signatures:</td>
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<tr>
<td>Fundraising Monies Deposited to SGA Treasurers</td>
<td></td>
</tr>
<tr>
<td>(following event):</td>
<td></td>
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<tr>
<td>Clean Up Completed (following event):</td>
<td></td>
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<tr>
<td>Publicity Removed from all posted areas (following event):</td>
<td></td>
</tr>
</tbody>
</table>

Approved by:

________________________________________________________________________ Date: ______________________