

Off-Campus Event Request Form

Name of Sponsoring Organization: _____

Date of Event: _____ **Time of Event:** _____

Purpose of Event: _____

Location of Event: _____

Event Offered To: ☐ **Students** ☐ **Faculty/Staff** ☐ **Family**
☐ **Tri** _____ ☐ **Others** _____

Food and Drink Arrangements: _____

Alcohol provided at event: ☐ **Yes** ☐ **No**

If yes, named persons designated to monitor drinking of attendees:

Name: _____ Signature: _____

Name: _____ Signature: _____

Will Admission Fees be Charged? ☐ **Yes** ☐ **No** **If yes, what amount?** _____

How will funds be used? _____

President's Signature **Date**

Advisor's Signature **Date**

OFFICE USE ONLY ☐ Registered Student Organization Confirmed by Student Affairs: _____

Date: _____ Added to Calendar: _____ Date: _____