** OFFICE USE ONLY**

 Date Received: Initials:

**Event/Facility Request Form**

**REQUESTS MUST BE SUBMITTED to** Sierra.Jones@parker.edu **or S209 AT LEAST 7 DAYS PRIOR TO THE EVENT**

Organization: Event Title:

Event Date (list additional dates below):

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

Is this request for an Information Table only? Yes No

Event Start Time: Event End Time: Set-Up Begins At: \_\_\_\_ Take Down Ends At: \_\_\_

Location (in order of preference): \_ \_\_\_\_ \_\_\_\_\_\_\_

Expected Attendance: \_\_\_\_\_\_\_\_\_

Description of Event:

Co-sponsor(s) of event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Audience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you have a Guest Speaker? Yes\* No If yes, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If you are having a guest speaker, please submit a **Speaker Application** with this Facility Request form.

Will you be collecting any money? Yes\* No If yes: Admission? Yes\* No

Will you be serving any food?  Yes No Cost of Attendance for participants? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donations? Yes\* No

\*If you are collecting money for anything other than membership dues, submit a **Fundraiser Approval Form** with this Facility Request Form.

Authorized Representative:

Phone: \_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_

Alternate Contact:

Phone: \_\_\_\_\_\_\_\_ E-mail:

Advisor: E-mail: \_\_\_\_\_\_\_\_

*By submitting and/or signing this form, you verify that your organization is solely responsible for fees assessed due to damage, inappropriate room usage, or cleaning fees and room rental outside of regular operating hours. You also agree to follow the rules and regulations set by Parker University in the Student Handbook, the Student Organization Handbook, and building and department policies.* **When submitting electronically, advisors must be copied to the e-mail**

Authorized Representative Signature (for hard copies) Date Advisor Signature (for hard copies) Date

**OFFICE USE ONLY** ❒Registered Student Organization Event Approval by Student Activities Coordinator: \_\_\_\_\_\_\_

Added to the Calendar: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_