SPACE REQUEST & EVENT PLANNING FORM

Sponsor ________________________________________ Date Request Submitted _______
Name of Organization/Department

Co-sponsoring organization(s) _______________________________________________________

MEETING/EVENT SPACE

Location Requested _______ Date _______ Time _______ # of attendees _______
Room# From To

Describe purpose of event/meeting ________________________________________________

Print Name __________________________ Signature _____________________________
Executive Officer Submitting Request

Contact Number __________________________ E-mail _____________________________

Event Type: Athletic _____ Dance _____ Meeting _____ Reception _____ Workshop _____ Concert _____ Lecture _____
Party _____ Recreation _____ Fundraiser _____ Other (describe) ______________________

FOR CLUBS/ORGANIZATIONS ONLY: Services Needed (Check): Media Services _____ Facilities _____

Describe Services Needed: __________________________________________________________
____________________________________________________________________________

BUDGET

Total Cost: ____________________________ ☐ Approved ☐ Not Approved

Approval: _____________________________

OSL Bookkeeper Date

FACULTY ADVISOR APPROVAL

Faculty Advisor’s Name: __________________ Faculty Advisor’s Extension: ______________
I am aware of and approve of the above program. ☐ Yes ☐ No
I or designee agrees to be present for the duration of this event. ☐ Yes ☐ No
Designee: __________________ Contact #: __________________
Designee Signature Date

Faculty Signature: __________________ Contact #: __________________
## CONTRACTUAL SERVICES  
(e.g. Speakers, Performers, DJ’s, Vendors, etc.)

<table>
<thead>
<tr>
<th>Payee Name(s):</th>
<th>Fee:</th>
<th>Fee:</th>
<th>Fee:</th>
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</table>

Description of Services: ________________________________________________________

Is the CONTRACT PACKET (s) completed? __________ (Please attach with check request)

## PUBLIC SAFETY REQUEST

Quote generated by Security Office: ____________________  
Guest Policy Meeting

Time: __________________  
(Please attach quote. The location of the meeting is in OSL unless otherwise specified.)

Has the guest list been created for security? □ Yes □ No

Approval:  
Security Signature Date

## FOOD SERVICES REQUEST

Quote generated by MBJ Catering Office: ____________________

Outside Food Vendor

Health Certificate & Proof of Insurance ($1 mil.): ____________________

Invoice: ____________________

## PRINT SHOP REQUEST (Posters, Flyers, Tickets, etc.)

Quote generated by Print Shop Office: ____________________ (please attach quote)

Are tickets required for this event?

Printing Quote for In-house Tickets: ____________________ # of tickets: __________

## TRAVEL  
(Attendance roster with name and contact info must be attached. LIABILITY WAIVERS required for all participants.)

Type of event: ____________________  Destination: ____________________

Type of transportation: ____________________ # of students: ____________________

Chaperone: ____________________ Contact # ____________________

## FUNDRAISERS

Detailed Reason for Activity: Attach proposal signed by Faculty Advisor

Approval: ____________________

Director of the Office of Student Life Date

Forms submitted without the signature of the student organization’s faculty advisor will not be accepted. If the event is being co-sponsored, each organization must completed a form with their faculty advisor’s signature.

## EVENT APPROVAL:

OSL Signatory PRINT SIGN DATE

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