



STUDENT ACTIVITIES EVENT REQUEST FORM

Please use this form to request approval for an event/activity in which your student organization would like to host. Please complete the form at least **4 weeks** before the event.

ORGANIZATION AND CONTACT INFORMATION

Organization Name: _____

Contact Person: _____

E-Mail: _____ Phone: _____

EVENT INFORMATION

Event Title: _____

Event Date: _____ Start Time: _____ End Time: _____

Event Location: _____

Event Description: Please describe the type of event, target audience, vendor(s), etc.

Estimated Event Cost: _____ Anticipated Event Attendance: _____

Advisor Signature _____

FOR OFFICE USE ONLY

Approved

Not Approved

Director of Student Activities Signature: _____

Date Reviewed: _____