



**Event Registration Form**

Type of Event:       Program/Activity       Fundraiser       Service       Seminar/Workshop

**General Information:**

<b>Event Date:</b>		<b>Submission Date:</b>	
<b>Event Name/Title:</b>			
<b>Event Description</b>			
<b>Event Sponsor(s):</b> (Club/Organization/Dept.)			
<b>Contact:</b> (Advisor(		<b>Phone:</b>	<b>Email:</b>
<b>Contact:</b>		<b>Phone:</b>	<b>Email:</b>

**Logistical Information:**

<b>Requested Location:</b>	
<b>Start Time:</b>	<b>End Time:</b>
<b>Set Up Request:</b> (table, chairs, room layout, etc.)	
<b>Audio/Visual Needs:</b>	
<b>Additional Equipment Needs:</b>	
<b>Food Service Provider:</b> (if applicable)	
<b>Admission Charge:</b> (if applicable)	<b>Seeking Senate Funding?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____

• If your event includes a **Raffle** or **Student Travel**, please submit additional required forms with this request  
**Required Signatures:**

Advisor:	Date:
Club/Organization President:	Date:
Director of Campus Life:	Date:
Dean of Enrollment Services:	Date:
Vice-President of SAS:	Date: