



Event Registration Form

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

General Information:

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

Logistical Information:

| | |
|---|--|
| Requested Location: | |
| Start Time: | End Time: |
| Set Up Request: (table, chairs, room layout, etc.) | |
| Audio/Visual Needs: | |
| Additional Equipment Needs: | |
| Food Service Provider: (if applicable) | |
| Admission Charge: (if applicable) | Seeking Senate Funding? <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: |