



## EVENT REQUEST

**\*fill out completely\***

Club/Organization Name:	Event Date:	Location:  <i>*Already reserved? <input type="checkbox"/> Yes <input type="checkbox"/> No</i>
Event Title:	Start & End Times:	
Event Requestor Name & Title:		
Event Requestor Email:	Event Requestor Phone:	Advisor Attending? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of People Expected:	Event Description:	
Event Requestor Signature:	Club/Org Advisor Signature:	

FUNDING	MAINTENANCE Needs	OUTCOMES
<b>Total Event Budget \$</b> _____  <b>Club/Org Cost Center</b> _____	<input type="radio"/> None <input type="radio"/> Stage <i>Size: <input type="checkbox"/> Full <input type="checkbox"/> Half</i> <input type="radio"/> Tables <i>Number</i> _____ <input type="radio"/> Other: _____ _____	<b>Expected benefits/outcomes of event?</b> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
IT Needs	<b>Please use the back side of this paper to explain event set up so a Facilities Request can be accurately completed by the Office of Student Life.</b>	
<input type="radio"/> Projector/Screen <input type="radio"/> Music Capabilities <input type="radio"/> Microphone (s) <i>How many?</i> _____ <input type="radio"/> Other: _____ _____		
PUBLICITY	FOOD & CATERING	OTHER
<input type="radio"/> Flyers (15 max) FREE <i>*You are responsible for creating the flyers, but we can print them in the OSL</i> <input type="radio"/> Posters (4 Max) <input type="radio"/> Table Tents (CC only) <input type="radio"/> Campus Center Big Calendar <input type="radio"/> Online Calendar <input type="radio"/> Student Life Facebook & Twitter <input type="radio"/> NHCC Website <input type="radio"/> Campus TV Monitors <input type="radio"/> Other: _____ _____	Number of People: _____ Set-up Time: _____ Clean-up Time: _____ Service Time: _____  <b>If you are using Lancer Hospitality on campus, your food will be ordered by the Office of Student Life. Please talk to Student Life if considering an off-site vendor.</b>	Liability Risk: <input type="checkbox"/> Yes <input type="checkbox"/> No Special Accommodations: <input type="checkbox"/> Yes <input type="checkbox"/> No Public Safety Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No  Additional comments: _____ _____ _____ _____ _____

**This form is to be completed and turned in NO later than 3 weeks prior to the event.  
Turn this form into the Associate Director of Student Life.**