

EVENT PLANNING FORM- PART I



Use this Center for Student Leadership (CSL) form to start the planning process for all events and meetings.
To reserve an on-campus facility, bring this completed form to the CSL Administrative Assistant (Benson 1).

ROOM RESERVATIONS MUST BE MADE AT LEAST 48 HOURS IN ADVANCE OF AN EVENT.

Organization: _____

Name of Event: _____

Event Coordinator: _____ Telephone: _____

*The Event Coordinator represents the student organization during the planning and at the time of the event. He/she is the main contact for this event. The work and number of the volunteers will be mutually agreed upon during the course of the event planning. The Event Coordinator will assist in on-going crowd and staff management at the event. The Event Coordinator and all volunteers may **not** consume alcoholic beverages prior to or during the event.*

Event Volunteers: _____

Event Description: _____

Organization Leader: _____ **Date:** _____

Co-Sponsorship Information: (To be completed only if co-sponsoring organizations are involved)

Organization	Contact Name	Nature of Co-Sponsorship	Signature of Organization Leader
_____	_____	_____	_____ _____ _____
_____	_____	_____	
_____	_____	_____	

EVENT DETAILS

Event Date/Time: _____	Primary Audience: <input type="checkbox"/> SCU <input type="checkbox"/> Non-SCU <input type="checkbox"/> Both
Desired Location: _____	Will there be food? <input type="checkbox"/> YES <input type="checkbox"/> NO
Estimated Attendance: _____	Outside speaker/ performance? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Will a movie be shown? <input type="checkbox"/> YES <input type="checkbox"/> NO

Equipment/Set-Up Needs: _____
(A/V, tables/chairs, staging, etc.) _____

The Event Coordinator is responsible for requesting any equipment needed (at least 48 hours prior to the event).

Office use only:

RESERVATION

Reserved Location: _____

Reserved Date & Time: _____

Notes: _____

CSL Approval: _____ **Date:** _____