

Santa Clara University
Faculty/Staff Expressive Activity Planning Form

This form is required for individuals or groups who wish to engage in expressive activities at Santa Clara University. Please complete this form and send to EventPlanningOffice@scu.edu. A team member from the Event Planning Office will review your submission before forwarding it to the designated University Official for final approval and signature. Once approved, you will receive a finalized copy of the form, which must be kept accessible for the duration of the event(s).

Part 1 – Event Details

Filled out by an SCU faculty/staff requestor.

Requestor Name: _____ Requestor Department: _____

Requestor SCU Phone Number: _____

Requestor Day of Contact Mobile Phone Number: _____

Requestor Email: _____

Sponsoring SCU Organization(s): _____

Requestors University Affiliation: Circle those that apply:
 Student Faculty Staff
 Organization Department Office

Co-sponsor (non-SCU): _____

Is a contract required with an external vendor or organization? Yes No

Name and Topic of Event: _____

Preferred Event Location: Choice #1 _____ Choice #2 _____

Intended Audience: _____

Expected Number in Attendance: _____

Proposed Date(s): _____

Proposed Start and End Times: _____

Nature of Event (circle all that apply):
 March Vigil Rally Protest Picketing Worship Debate
 Other (describe): _____

Will the event be open to the public (Non-SCU Faculty/Staff/Students)? Yes No

How will the event be marketed/promoted? _____

Will there be any movement around campus? Yes No

If yes, what is the proposed route? (Attached a campus map with route)

Overnight request? Yes No

Will you need lawn irrigation shut off? Yes No

Musicians / Speaker? Yes No

If yes, please provide name(s): _____

Equipment Needed? Yes No

List: _____

Media Services Needed? Yes No

List: _____

Will sound be amplified? Yes No

Security Required? Yes No

If yes: CSS SCPD Contract Security

Will there be food? Yes No

Will there be alcohol? Yes No

Will there be open flames? Yes No

Is parking needed? Yes No

Will the President of SCU be invited? Yes No

Other Notes:

SCU Faculty/Staff Representative Name & Title who will be present at the event (only applicable if different than the requestor):

Day of Contact Mobile Phone Number: _____

SCU Email: _____

Requestor Signature _____ Date: _____

Please submit this completed Part 1 form to: EventPlanningOffice@scu.edu and a team member will be in touch with you shortly.

Part 2 – Planning Meeting

To be filled out by the Event Planning Office.

Date Form was Received: _____

Date of Planning Meeting: _____

Attended By: _____

Review of Relevant Policies and University Stakeholder Request Forms

For each policy, EPO will circle “Applicable” if the policy/request form is applicable to this event or “Not Applicable” if it does not apply to this event. Each applicable policy/request form will be reviewed with the requestor during the Planning Meeting.

<u>Policy</u>	<u>Applicable?</u>		<u>EPO Initials</u>
Expressive Activity Policy	Applicable		_____
Sound Amplification Policy	Applicable	Not Applicable	_____
Speaker Policy	Applicable	Not Applicable	_____
Posting and Chalking Policy	Applicable	Not Applicable	_____
Candles and Open Flames Policy	Applicable	Not Applicable	_____

Request Forms

To be submitted by the requestor (if applicable) once final approval is received.

Formally Request Event Location	Required	
CSS & P&TS Event Planning Form	Required	
Sound Amplification Request Form	Applicable	Not Applicable
Media Services Request Process	Applicable	Not Applicable
Facilities Event Services Request Form	Applicable	Not Applicable
Bon Appetit Catering Order Site	Applicable	Not Applicable
External Catering Request Form	Applicable	Not Applicable

Confirmed Event Location: _____

Date: _____ Time(s): _____

EPO Staff Member Signature: _____ Date: _____

Name & Title: _____

Part 3 - Final Approval

The signature below is by the University Official authorized to approve expressive activities (Assistant Vice President, Event Planning Office or other designee).

Approved (circle one): Yes No

Signature of University Official: _____ Date: _____

Name & Title: _____