

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).

Filled out by an SCU faculty/staff requestor.

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: _____		
<p align="center"><i>Please submit this completed Part 1 form to: EventPlanningOffice@scu.edu and a team member will be in touch with you shortly.</i></p>		

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.

Request Event Location (via 25Live)	Required	
CSS & P&TS Event Planning Form	Required	
Sound Amplification (via 25Live)	Applicable Not Applicable	
Media Services Request Process	Applicable Not Applicable	
Facilities Event Services (via 25Live)	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: _____