

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 Organization	Faculty Department	Staff Office
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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
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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: _____	
<p><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: _____