STUDENT ORGANIZATION
EVENING SOCIAL FUNCTIONS
EVENT WORKSHEET

Please complete and submit this form to the University Scheduling office (UC room 413) at least three weeks prior to your event. Once the form is submitted and processed, you may be asked to schedule a pre-event meeting that must occur two business days prior to your event. The Primary Contact as listed below will be notified in writing if a meeting must be scheduled. Failure to submit this form or attend the meeting may result in cancellation of your event.

GENERAL INFORMATION:

Today’s Date: ______________ Hosting Organization: ____________________________

Name of Person Completing the Form: ____________________________________________

Phone #: __________________________ Email: ____________________________

Name of Primary Contact for Event: ____________________________________________

Phone #: __________________________ Email: ____________________________

University Faculty/Staff Advisor: ____________________________________________

Phone #: __________________________ Email: ____________________________

Title of Event: __________________________________________________________________

Date of Event(s): __________________________ Event Time: __________________________

If a series or regular meeting, please list additional dates below: ______________

Set Up Time: __________________________ Clean Up Time: __________________________

Location of Event: __________________________________________________________________

EVENT DATA: Anticipated # of Attendees: ________

Audience Configuration: (Please check all that apply)

☐ Members of the sponsoring organization
☐ Southeast Faculty and Staff
☐ Southeast Students
☐ High school students
☐ Non-Southeast university students
☐ Local Community Members
☐ Southeast Alumni
☐ Individuals on a guest list
☐ Organizational Members/Alumni from other school
Please select the type of event that best fits the program you want to host:

☐ Comedian  ☐ Pageant
☐ Band/Musical Performance  ☐ Informal Dinner
☐ Student organization meeting/retreat  ☐ Formal Dinner
☐ Variety Show  ☐ Special Event
☐ Dance/Party  ☐ Novelty Event (Wax Hands, Cartoonist)
☐ Initiation/Induction Ceremony  ☐ Conference
☐ Other: ____________________________________________

Is the organization receiving University funding or co-sponsorship from the list below: (Please mark all that apply)

☐ None  ☐ RHA
☐ DICE  ☐ SAC
☐ University Department (ex: Student Development, CHC, Residence Life)
☐ Student Government Funding Board
☐ Other ____________________________________________

Will refreshments be available at the event:  YES  NO
If yes, what is the source of the refreshments:

☐ Chartwells
☐ Other restaurant or caterer
☐ Organization purchased
☐ Organization providing

Will a contracted service (ex: DJ, Band) provider be utilized for this event:  YES  NO
If yes, please complete the following information for each provider. Write on back if necessary.

Company Name: _____________________________________________________________
Contact Person: __________________________ Phone #: ________________________
Cost of Services: __________________________ Arrival Time: ________________

Company Name: _____________________________________________________________
Contact Person: __________________________ Phone #: ________________________
Cost of Services: __________________________ Arrival Time: ________________

Is your organization hosting another function within the 24 hours preceding or following this event?  YES  NO
If yes, please list the events, dates, times and locations in the space provided.
Will admission be charged?  YES  NO

If yes, what is the cost?

Points of Sale: (Mark all that apply)
☐ At Door
☐ Pre-Event ticket sales
☐ Other: ___________________________

What will the funds be used for? (Mark all that apply)
☐ Offset unfunded event costs
☐ Future campus events
☐ Organization operating costs (dues, conferences, etc.)
☐ Philanthropy (donations, scholarships, etc.)

Questions:

1. Please provide a brief description of the event and what will take place:

2. Do you have any concerns related to security or behavior for this event?

3. Do you have prior knowledge that certain individuals or groups may cause problems at this function?

Official Use Only:

Date Received: _________   Received By: ___________

Event Status:
☐ Approved/No meeting
☐ Pending/ Meeting Required
   ○ Date: ______________
   ○ Time: ______________
   ○ Location: ___________
☐ Not Approved __________________________
☐ Cancelled ___________________________

Reservation Confirmed:  YES  NO

DPS Required: _____   FM Required: _____
Campus Life Required: _____ Chartwells: ______

Notes: