



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 Set Up Time: _____
additional dates below: Clean Up Time: _____

Location of Event: _____

EVENT DATA: Anticipated # of Attendees: _____

Audience Configuration: (Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Members of the sponsoring organization | <input type="checkbox"/> Southeast Faculty and Staff |
| <input type="checkbox"/> Southeast Students | <input type="checkbox"/> High school students |
| <input type="checkbox"/> Non-Southeast university students | <input type="checkbox"/> Local Community Members |
| <input type="checkbox"/> Organizational Members/Alumni from other school | <input type="checkbox"/> Southeast Alumni |
| | <input type="checkbox"/> Individuals on a guest list |

Please select the type of event that best fits the program you want to host:

- | | |
|---|--|
| <input type="checkbox"/> Comedian | <input type="checkbox"/> Pageant |
| <input type="checkbox"/> Band/Musical Performance | <input type="checkbox"/> Informal Dinner |
| <input type="checkbox"/> Student organization meeting/retreat | <input type="checkbox"/> Formal Dinner |
| <input type="checkbox"/> Variety Show | <input type="checkbox"/> Special Event |
| <input type="checkbox"/> Dance/Party | <input type="checkbox"/> Novelty Event (Wax Hands, Cartoonist) |
| <input type="checkbox"/> Initiation/Induction Ceremony | <input type="checkbox"/> Conference |
| <input type="checkbox"/> Other: _____ | |

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

- | | |
|---|------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> RHA |
| <input type="checkbox"/> DICE | <input type="checkbox"/> SAC |
| <input type="checkbox"/> University Department (ex: Student Development, CHC, Residence Life) | |
| <input type="checkbox"/> Student Government Funding Board | |
| <input type="checkbox"/> 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
 - o Date: _____
 - o Time: _____
 - o Location: _____
- Not Approved _____
- Cancelled _____

Reservation Confirmed: YES NO

DPS Required: _____ FM Required: _____

Campus Life Required: _____ Chartwells: _____

Notes: