

Event Request Form

To obtain approval for your event from the Vice Chancellor for Student Affairs please complete the form in its entirety and submit to Lesa Kuberski at kuberskl@uwosh.edu

REQUESTOR TO COMPLETE

Name of Organization: _____ Date of Request: _____

Contact Information for Student Organization Event Coordinator:

Student Name: _____

Phone: _____ Email: _____@uwosh.edu

Contact Information for Student Organizations Faculty/Staff Advisor:

Advisor Name: _____

Phone: _____ Email: _____@uwosh.edu

EVENT DETAILS:

EVENT NAME: _____ EVENT DATE: _____ EVENT TIME: _____

LOCATION FOR EVENT: _____

Alternate Location (if applicable): _____

DESCRIPTION OF EVENT: _____

TARGET AUDIENCE: _____ NUMBER OF ATTENDEES EXPECTED: _____

PURPOSE OF EVENT: _____

Please check if the event meets any of the following criteria which are considered Special Events. Special/Late Night Events require additional authorization and planning. Please see "Event Management Protocol" for additional information.

- | | | |
|---|--|---|
| <input type="radio"/> Large Event:
Events with more than 250 people | <input type="radio"/> Special/Entertainment:
Amplified performance or sound, non-seating for attendees, controversial topic, &/or presence of approved alcohol | <input type="radio"/> Late Night Event:
Extend past the normal time of building close |
|---|--|---|

Office Use:

EVENT TYPE REQUESTED:

- Standard Event Special Event

Special Event Criteria Checklist:

- Reservations 6+ weeks prior
- Pre Event Planning Meeting
- Day of Event Briefing Meeting
- Approval Levels

Approved by: _____

Date: _____

Dr. Cheryl Green, Ph.D.
Vice Chancellor for Student Affairs