Events WITH alcohol must be submitted at least 10 business days in advance. Events WITHOUT alcohol must be submitted at least 5 business days in advance. All hosting organizations must have their advisor(s) present at events WITH alcohol.

ORGANIZATION INFORMATION:
Name of Organization: __________________________________________
Name of Requestor: ____________________________ Phone #: __________
Name of Advisor: ____________________________ Phone #: __________

EVENT INFORMATION:
Event Name: __________________________________________ Event Date: __________
Location: ____________________________ Starting Time: __________ Ending Time: __________
Estimated Attendance: # of students __________________________
Will your advisor be present at the event? Yes -or- No
What is the purpose of the event? (Please describe your event in detail and attach additional sheets if necessary.) __________________________________________
What advertising strategies will your organization be using for this event? (Please attach all flyers.) __________________________________________

EVENT TYPE:
Which facet of the accreditation process is this event fulfilling? (Please check all that apply.)
□ Social Event □ with alcohol (Complete and submit pre/post list) □ without alcohol
□ Educational Event
□ Community Service / Philanthropic Event (Please complete Volunteer Record Form after the event)
□ Internal Program (For active, organization members only) □ External Program (Open to all of campus)

FINANCIAL INFORMATION:
What is the total estimated cost of the event? __________________________
Will students be charged? Yes -or- No If “Yes”, what is the charge? __________
Will non-students be charged? Yes -or- No If “Yes”, what is the charge? __________
Will there be fundraising at this event? Yes -or- No If “Yes”, is it philanthropic? Yes -or- No

* If “Yes”, please submit a Solicitation Form with this form.
Is a corporation or other sponsor(s) involved with this event? Yes -or- No
* If “Yes”, attach documentation describing the type(s) of sponsorship provided by the corporation or other sponsor(s).
EQUIPMENT REQUEST:

Pick-up Date: ___________________________  Pick-up Time: ___________________________

Available Equipment:

__ Speakers (PA system) (2)  __ Extension cords (2)  __ Wireless microphone (4)
__ Microphone (8)  __ Speaker cords (4)  __ Connector cords
__ VCR player (1)  __ Microphone cords (7)  __ Strobe Light (1)
__ CD player (1)  __ Projector (1)
__ Speaker stands (4)  __ Microphone stands (2)

*Equipment will be provided on a first come, first served basis and is not guaranteed by Student Activities.*

**All organizations:** Each and every request of a student organization must be compatible with their purpose as stated in the constitution and/or by-laws of the organization, governing University body, mission and values set forth by the University, rules and regulations of the Board of Trustees of Saint Leo University, Code of Student Responsibility, rules and regulations for the different facilities of the University, laws of the State of Florida and federal government. If the requested event/activity is not compatible with any of these organizations, the activity will not be approved.

We understand that this form must be completed and approved at all levels before it will be considered for approval. We also acknowledge that the organization MUST receive approval before the event/activity is held or announced by means of advertising, final reservations, or final arrangements. **Approval of this form is for permission for the event only.**

As sponsors, we have read and understand the Saint Leo University Code of Conduct and we accept responsibility for compliance with Saint Leo University policies and regulations. The organization also assumes full liability for any claims, damages, or injuries resulting from non-compliance with the policy and regulations, and hold the University and its agents **NOT RESPONSIBLE** from any and all such damages and claims.

**Greek Life organizations:** I have read and understand the policies and procedures of Greek Life and Saint Leo University. I understand consequences may result should I or my organization be in violation of any policies and procedures and are subject to suspension or prohibition of privileges. I further understand that my organization and my advisor bare sole responsibility for the above event.

__________________________  ___________________________  _______  __________
President’s Name  President’s Signature  Date  Phone Number

__________________________  ___________________________  _______  __________
Event Coordinator’s Name  Event Coordinator’s Signature  Date  Phone Number

__________________________  ___________________________  _______  __________
Advisor’s Name  Advisor’s Signature  Date  Phone Number

Event Forms must be submitted to Justin Yates, Associate Director for Student Activities, for Greek Life Accreditation or Edson O’Neale, Assistant Director for Student Activities, for all other University-recognized clubs and organizations.

**ROOM RESERVATIONS:** All organizations are responsible for requesting available spaces and/or any transportation through the 25Live event request system (events.saintleo.edu). To create an account, please contact the Assistant Director of Student Activities at ext. 8856 or the GA for Student Services at ext. 8226.

**TECHNOLOGY REQUEST:** Technology requests must be conducted through Media Services on the first floor of Cannon Memorial Library at ext. 8470.

**CATERING:** All food service requests must be conducted/approved through Dinning Services at ext. 8345.

**ROOM SET-UPS:** Any setup or break down of equipment or spaces must be made with Physical Plant through the work order request site (http://plantops). It is the responsibility of the organization to make requests as needed.