For Office Use Only

Today's Date: _____

Time: _____

Taken by: _____

Event Request Form

Requestor's Name: _____ Phone:_____

Sponsoring Organization: _____ E-mail:_____

SU ID #:_____

Event Title:_____ Event Date:_____

Set up time:
Start:_____ am pm
End:_____ am pm

Actual Event Time:
Start:_____ am pm
End:_____ am pm

Tear Down Time:
Start:_____ am pm
End:_____ am pm

Inclement Weather Date: _____

Inclement Weather Location: _____

Will you need cash boxes?	Is the event ticketed?	Expecting off-campus guests?	Is there a contract/rider?
No	No	No	No
Yes	Yes – Price: _____	Yes – How many: _____ Are you requesting any exceptions to the guest policy? Yes/ No	Yes – please e-mail to activities@stevenson.edu or provide to Rockland 203

I, the undersigned, understand the general procedures for the conduct of Stevenson University social events as well as the policies specific to the facility to be used and agree to comply.

SIGNATURES REQUIRED:

Student Name: _____ Signature: _____ Date: _____

Advisor/College Representative: _____ Signature: _____ Date: _____

***For an event request to be considered, this form should be submitted at least 6 weeks prior to the event date**