



Student Activities Event Request Form

Date: _____
Initials: _____

Organization Name: _____

Co-Sponsoring Organizations: _____

Contacts/Advisors	Name	Email	Phone Number
Secondary Contact:			
Organization Advisor:			

Event Details

Event Name/Theme: _____

Event Date: _____	Start Time: _____	End Time: _____
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Event Location: _____

Event Description:

Type of Event (check one): Social Recreational Leadership Intramural Sports

Other: _____

Event Goals: _____

Approximate Number to Attend: _____ Target Audience: _____

Special Requests (see Special Request Form): _____

For Student Activities Office Use		
Approved by SAC: _____	Added to Calendar: _____	Flyers: _____
Approved by DSS: _____	Special Request Form: _____	