

# Request for University Facilities/Event Planner/Approval Form

For a complete explanation of policies which apply, please refer to Campus Life Policies at [http://www.csudh.edu/studentaffairs/studentrights/documents/campus\\_life\\_policies\\_fall2009.pdf](http://www.csudh.edu/studentaffairs/studentrights/documents/campus_life_policies_fall2009.pdf). Student Organizations MUST submit completed forms to Office of Student Life for event approval as per these policies. All other departments/groups should submit completed form directly to Loker Student Union Admin Office (LSU131) for space request in LSU and to PCLASS (WH B-485) for all other campus facilities. Forms should be submitted no less than 2 weeks prior to event date. Submission of this application/request for approval does not guarantee a reservation.

## Applicant/Organization \_\_\_\_\_

(Check which most closely describes your organization)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Campus Department/Auxiliary | <input type="checkbox"/> Off Campus Governmental Agency | <input type="checkbox"/> Off Campus Non Profit (IRS 501(c)(3)) |
| <input type="checkbox"/> Student/Greek Organization  | <input type="checkbox"/> Off Campus for profit          | (Must provide proof)   |
| <input type="checkbox"/> Event Co – Sponsor _____    | <input type="checkbox"/> other _____                    |  |

**Contact Person:** \_\_\_\_\_ **Phone/Dept Ext.:** \_\_\_\_\_

**Mobile no. :** \_\_\_\_\_ **Contact E-mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Unit #** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Advisor\*:** \_\_\_\_\_ **Advisor Ext./Email\*:** \_\_\_\_\_

*\*Required for Student Clubs and Organizations*

**NAME OF PROGRAM/EVENT:** \_\_\_\_\_

Event Date \_\_\_\_\_ Start time: \_\_\_\_\_ End Time: \_\_\_\_\_

Set-up Time: \_\_\_\_\_ Tear Down Time: \_\_\_\_\_ Registration/Ticket Price(s): \_\_\_\_\_

Estimated Attendance from: On-Campus \_\_\_\_\_ Off – Campus \_\_\_\_\_ under 18 \_\_\_\_\_

Number of additional cars parked on campus \_\_\_\_\_ (Daily permits will need to be purchased)

**Detailed Description of Program:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_ *(add another sheet if necessary)*

## The Proposed Event is: (please check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> is a dance/concert  | <input type="checkbox"/> involves outdoor amplified sound<br>(Equipment must be reserved separately)   |
| <input type="checkbox"/> involves the serving of alcohol.<br>(Must submit Request to Serve Alcoholic Beverages Form)   | <input type="checkbox"/> has an expected attendance of over 100.   |
| <input type="checkbox"/> will have cash/donations collected at the door<br>(i.e., tickets sold at the door).           | <input type="checkbox"/> will be a casino night event or involve gambling,<br>raffles or prize drawings.   |
| <input type="checkbox"/> will have the media notified about the event.<br>(Newspaper, television, radio station, etc.) | <input type="checkbox"/> will display or offer goods and services in connection<br>with the event.<br>(Requires "Application for Permit to Engage in Commercial Transactions or<br>Solicitations") |
| <input type="checkbox"/> will sell a product or service<br>(books, shirts, CDs, etc...)                                | <input type="checkbox"/> will have a vendor or exhibitors as part of the event.  |
| <input type="checkbox"/> is a Club meeting.  | <input type="checkbox"/> How will this event be publicized? _____  |
| <input type="checkbox"/> is a co-sponsored event   |  |
| <input type="checkbox"/> is a fund raising event   |  |

will require special set up or equipment needs: \_\_\_\_\_

**Will have food served or catered.** If so, who is providing?\* \_\_\_\_\_

Indicate type of service (circle one): Buffet / Sit Down Meal / Coffee Break / Reception / Potluck

\* On-Campus Departments/Student Orgs: "Request for Exception from Catering Policy" form is Required for: Potluck, Bake/Food Sale or food provided by anyone other than CSUDH Campus Dining.

**Facility Requested:** (Facility Use Policies and Rental Fees may vary by facility)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>University Theater</b>  | <input type="checkbox"/> <b>Loker Student Union</b> | <input type="checkbox"/> <b>Athletic Facilities</b>     |
| <input type="checkbox"/> <b>Sculpture Garden</b>  | <input type="checkbox"/> Dominguez Ball Room        | <input type="checkbox"/> Torodome/Pool                  |
| <input type="checkbox"/> <b>Recital Hall</b> (LCH A103)   | <input type="checkbox"/> Meeting Rooms              | <input type="checkbox"/> Combatives                     |
| <input type="checkbox"/> <b>Claudia Hampton Hall</b>  | <input type="checkbox"/> Conference Room            | <input type="checkbox"/> Activities Field               |
| <input type="checkbox"/> <b>Classroom</b> (Specify) _____   | <input type="checkbox"/> East Walkway (Vendor)      | <input type="checkbox"/> other _____                    |
| <input type="checkbox"/> <b>CEIE</b> (Specify) _____  | <input type="checkbox"/> Other _____                | <input type="checkbox"/> <b>Housing/Residence Halls</b> |
| <input type="checkbox"/> <b>ERC Forum Deck or South Walkway (special approval necessary from Facilities Scheduling)</b> |   |   |
| <input type="checkbox"/> <b>Library</b> (Specify) _____   |   |   |

I certify that the information provided is an accurate description of the proposed campus event. Failure to provide accurate information may result in our event being cancelled. I have reviewed the Campus Event Policy and I fully understand my responsibilities as a representative of the sponsoring organization.

**Applicant/Organization Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Organizations Only:**

President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor will attend this event: Yes  No  (may be required for certain events)

**On-Campus Department Use Only:**

All departmental events require the departmental Dean or Vice President's signature and/or Advisor approval. If on-campus event is co-sponsored by or with a non university entity, additional approval is required from the LSU or Procurement and Contracts (Co-sponsorship may also require Vice President and/or Dean justifying).

Dean/Vice President's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Charge all costs for the event to: \_\_\_\_\_ (CMS chartfield or Foundation acct #).

I hereby authorize Accounting, Budget, and/or Foundation to make necessary transfers of funds. \_\_\_\_\_  
 Department Authorization Signature Date

*The Loker Student Union will require a Purchase Order to be issued from either the University or Foundation for all charges. The LSU does not recognize co-sponsorship of campus events for the purpose of avoiding facility rental fees.*

**For Office Use Only: Request:**  **Approved**  **Denied**  **Needs follow-up** \_\_\_\_\_

Reviewed  Budget Required  Event Planning Meeting Required by: \_\_\_\_\_

**Required Notifications/Authorizations: Submit by:** \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Vice President AA/UA/SA/AF _____     | <input type="checkbox"/> A.S.I. Funding Approved _____  |
| <input type="checkbox"/> Director Procurement/Contracts _____ | <input type="checkbox"/> Foundation Deposit Funds _____ |
| <input type="checkbox"/> Parking Services _____               | <input type="checkbox"/> Student Union _____            |
| <input type="checkbox"/> University Police _____              | <input type="checkbox"/> Campus Dining _____            |
| <input type="checkbox"/> Physical Plant Operations _____      | <input type="checkbox"/> Risk Management _____          |

**Event Approval :** \_\_\_\_\_  
 Office/Department Authorized Signature Date

**Facility Approval:** \_\_\_\_\_  
 Facility Authorized Signature Date

**Notes:** \_\_\_\_\_  
 \_\_\_\_\_