

# Request for University Facilities/ Event Planner Form

Office of Facilities Scheduling (WH-B485)  
Office of Risk Management (Physical Plant)  
Loker Student Union  
Office of Student Life



CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

**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"/> Co-Sponsor                  | <input type="checkbox"/> Other _____                    |  |

**Contact Person:** \_\_\_\_\_

**Phone/Dept Ext.** \_\_\_\_\_

**Business No. :** \_\_\_\_\_

**Mobile no. :** \_\_\_\_\_

**Contact E-mail:** \_\_\_\_\_

**Address:**

\_\_\_\_\_  
**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: On-Campus \_\_\_\_\_ Off-Campus \_\_\_\_\_

Under 18 \_\_\_\_\_

Number of cars parked on campus \_\_\_\_\_ *(Parking services may require permits)*

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

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**The Proposed Event:** *(please check all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> is a dance/concert   | <input type="checkbox"/> involves amplified sound  |
| <input type="checkbox"/> involves the serving of alcohol<br><small>(Must submit Request to Serve Alcoholic Beverages Form)</small>    | <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, raffles or prize drawings   |
| <input type="checkbox"/> will have the media notified about the event.<br><small>(Newspaper, television, radio station, etc.)</small> | <input type="checkbox"/> will display or offer goods and services in connection with the event<br><small>(Requires "Application for Permit to Engage in Commercial Transactions or Solicitations")</small> |
| <input type="checkbox"/> will sell a product or service<br><small>(books, shirts, CDs, etc...)</small>                                |  |
| <input type="checkbox"/> is a Club meeting  | <input type="checkbox"/> will have a vendor or exhibitors as part of the event   |
| <input type="checkbox"/> other _____  | <input type="checkbox"/> will distribute advertisement/flyers (specify locale)   |

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*

**\* "Request for Exception from Catering Policy" form is Required for: Potluck, Bake/Food Sale or food provided by an Off-Campus caterer.**

**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"/> Grand Ballroom             | <input type="checkbox"/> Torodome/Gym                   |
| <input type="checkbox"/> <b>Recital Hall (LCH A103)</b>   | <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"/> Other _____                    |
| <input type="checkbox"/> <b>Classroom (Specify) _____</b> | <input type="checkbox"/> South Walkway (Vendor)     | <input type="checkbox"/> <b>Housing/Residence Halls</b> |
| <input type="checkbox"/> <b>Other _____</b>               | <input type="checkbox"/> Other _____                |   |
| <input type="checkbox"/> <b>ERC Forum Deck</b>            |   |   |

I certify that the information provided is an accurate description of the proposed campus event. Failure to provide accurate information may result in your 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:** \_\_\_\_\_

Campus Department Co-Sponsor Use Only:

If the event is co-sponsored by a University Department, please provide signature below to authorize and declare campus co-sponsorship and approval for funding. If requesting the University Theatre or Athletics Facilities, please provide account number to charge costs for the event: \_\_\_\_\_

**(Loker Student Union does not recognize co-sponsorship of events for the purpose of avoiding facility rental fees.)**

I hereby authorize Accounting, Budget, and/or Foundation to make necessary transfers of funds if appropriate.

\_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:**

**Request:**

**Approved**

**Denied**

Reviewed

Budget Required

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

**Required Notifications/Authorizations:**

**Submit by:**

Vice President AA/UA/SA/AF \_\_\_\_\_

A.S.I. Funding Approved \_\_\_\_\_

Director Procurement/Contracts \_\_\_\_\_

A.S.I. Deposit Funds \_\_\_\_\_

Parking Services \_\_\_\_\_

Student Union \_\_\_\_\_

University Police \_\_\_\_\_

Campus Dining \_\_\_\_\_

Physical Plant Operations \_\_\_\_\_

Risk Management \_\_\_\_\_

**Event Approval :** \_\_\_\_\_

Office/Department

Authorized Signature

Date

**Facility Approval:** \_\_\_\_\_

Facility

Authorized Signature

Date

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