Manhattan College Event Request Form

This form must be returned in completion to the front desk of the Student Activities Office at least four weeks in advance.
Please allow approximately one week for processing.

Name of Event: _____

Club/Organization: _____

Contact Person: _____ Cell Phone: _____

Club Advisor: _____ Club Email: _____

Type of Event: Social Cultural Educational Spiritual Occupational Service Recreational (circle one)

Requested Date: _____ (Day) _____ / ____ (Month) / ____ (Date) / ____ (Year) Requested Location: _____

Alternative Date: _____ (Day) _____ / ____ (Month) / ____ (Date) / ____ (Year) Alternative Location: _____

Set-Up Start Time: _____ a.m. / p.m. (circle one)
Event Start Time: _____ a.m. / p.m.
Event End Time: _____ a.m. / p.m.
Breakdown End Time: _____ a.m. / p.m.

Estimated Attendance / # of tickets: _____
Anticipated price per student to attend: _____

Description of event: _____

_____

_____

No advertising is allowed until the event is approved. Students NEVER sign any contracts. All ticket sale revenue gets deposited to Student Government revenue for re-distribution.

<u>If the event being requested is a conference, open to non-MC students, or a concert, this Event Request must be submitted 2 months in advance.</u>

Signature of applicant X_____

Signature of advisor X_____

**********FOR OFFICE USE ONLY**********

Received by _____ Date _____ / _____ / _____

Campus Events: Contacted ___/____/____ Initial _____ Room Available: yes no ___/___/___ CF#:_____ Initial _____

Comments:

_____

_____

_____

Approved / Denied _____ Date_____

Web Calendar _____/_____/_____ Paper Calendar _____/_____/_____ Digital Display _____/_____/_____