



*Office of
Student Life*

PRE-EVENT PLANNING FORM

Pre-event planning forms, and any necessary accompanying forms, must be completed and returned to the Office of Student Life at least one week prior to the date of the event. All events must be approved by the Office of Student Life.

**E
V
E
N
T

I
N
F
O
R
M
A
T
I
O
N**

Name of Organization: _____

Individual(s) responsible for coordinating event:

Name email

Title of event/activity: _____

Type of event:

_____ Fundraiser _____ Conference/Seminar _____ Program
_____ Retreat _____ Social Activity _____ Other

Date(s) of event: _____



Make sure that you have consulted the University calendar to insure the date is available or is the optimal time for hosting the event

Location: _____



Make sure you have reserved the facility.

Backup location in case of bad weather: _____

Start time: _____ End time: _____

Other departments/organizations involved: _____

Estimate the number of people attending:

How does this event promote the mission and purpose of your organization?

Introduction:

The key to a successful event is good pre-planning. This resource provides your organization with a series of questions to consider prior to engaging in an activity. This is a great tool for students and advisors to use together. We recommend that all the leaders of your organization participate in the planning process. That way, your entire group is on board and understands your direction. Please keep in mind that all activities should be consistent with University Rules, policies, and procedures as well as the mission/purpose of your organization.

1. Provide a brief description of the event/activity that you are planning:

2. Fill out the worksheet below to demonstrate you approach to managing risks:

Activities	Associated Risks	Method to Handle
i.e. Travel to retreat location	i.e. drowsy driving	i.e. depart at a reasonable time with well-rested drivers

**R
I
S
K

M
A
N
A
G
E
M
E
N
T**

3. What resources have you consulted prior to determining that you can adequately manage this event?

- _____ Student Organization Advisor
- _____ Student Life Office
- _____ Prevailing Professional Standards (For example, the Flying Club would use the Federal Aviation Administration Standards.)
- _____ Other Student Organizations that have hosted similar events.
- _____ Other _____

4. Are you traveling? _____ Yes _____ No



Make sure you send a list of those traveling to Campus Police at fax number 740-4890 and Student Life at Fordyces@tamug.edu or suterlt@tamug.edu, include student ID number and emergency contact information. For additional information call the department of Student Life at 740-4427.

5. If you are traveling, what type of transportation are you using?

- _____ Personal Vehicle _____ University Vehicle _____ Commercial Vehicle
- _____ Rental Car _____ Bus _____ other _____

6. Is there alcohol involved with your activity? _____ Yes _____ No



Complete the Application for Approval of an Alcohol Event, you can find these in the Office of Student Life.

7. Are you using a TAMU/TAMUG logo or trademark in association with your activity (i.e. t-shirt)? _____ Yes _____ No



Get your design approved by the Office of Student Life.

8. Does your program involve physical activity? _____ Yes _____ No



Plan ahead for medical emergencies and have a plan in place.

9. Are you contracting a service from a non-university entity?

_____ Yes _____ No



Come see Todd Sutherland or Shelly Fordyce in the Office of Student Life.

10. Have you reviewed your budget and purchasing guidelines as it relates to this event/activity? _____ Yes _____ No

11. Will your event require University Police for security and/or parking control?

_____ Yes _____ No



For assistance, contact the University Police Department at 740-4545.

12. Are you using an assumption of risk, medical release, or emergency contact form? _____ Yes _____ No



For assistance, you can contact the Office of Student Life at 740-4427

13. Are you planning on posting flyers or advertising on campus?

_____ Yes _____ No



Don't forget to have your flyers approved by the Office of Student Life.

Our organization completed this checklist on _____ (date).

Signature of Organization Officer

Signature of Organization Advisor

Make sure that you organization fills out an After-action report at the completion of this activity.

For office use only:	
Date Pre-event form received:	_____
After Action Report received:	_____
Activity Approved:	_____
Office of Student Life official	

ONCE APPROVED, THIS FORM SHOULD BE KEPT IN THE STUDENT ORGANIZATION'S MAILBOX SO IT IS AVAILABLE TO ANYONE NEEDING TO MAKE A PURCHASE. THIS FORM MUST BE VERIFIED BY STUDENT LIFE PRIOR TO ANY PURCHASE.

Student Organization: _____

Event Name: _____

Event Date(s) _____

Beginning amount in organization account: _____

<u>Vendor/Store</u>	<u>Items to purchase</u>	<u>Estimated amt.</u>	<u>Actual Amt.</u>	<u>Officer/Advisor Approval (Initial)</u>

**E
V
E
N
T

B
U
D
G
E
T

R
E
Q
U
E
S
T**