

Contact Information

Organization/Individual _____

Full Name: _____

E-Mail: _____ **Phone #:** _____

Organization Planning Form

One key to a successful event is good programming. This pre-event planning form 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. Joint student-advisor participation in the planning process is required.

Title of event/activity _____

Type of event

☐ Fundraiser
 ☐ Conference/Seminar
 ☐ Program
 ☐ Travel

☐ Retreat
 ☐ Social Activity
 ☐ Other _____

Date(s) of the event _____

Location _____

Backup location (In case of weather) _____

Start time _____ **End time** _____

Estimated number of people attending event _____

Risk Management - Planning

Provide a brief description of the activity that you are planning:

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

☐ Advisor

☐ Other student organization that hosted similar activities/events

☐ Center for Student Life

☐ Other(s): _____

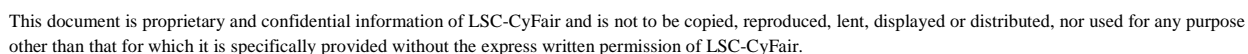




Complete the worksheet below to demonstrate your approach to managing risk.

Center for Student Life
recommendations

*Attach additional pages if necessary





Student Life

LONE STAR COLLEGE-CYFAIR STUDENT LIFE PRE-EVENT MANAGEMENT FORM

Pre-Event Planning

Does your program involve physical activity?

☐ Yes

☐ No

Are you traveling?

☐ Yes

☐ No

*Review the LSC-CyFair Center for Student Life travel procedures.

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

☐ Personal Vehicle

☐ College Vehicle

☐ Commercial Plane

☐ Rental Vehicle

☐ College Chartered Bus

☐ Other _____

Is your event outdoors, or can your event be affected by inclement weather?

☐ Yes

☐ No

I agree to complete and inform participants of the following:

☐ Check ahead for weather conditions at weatherchannel.com

☐ Check location ahead of time for shelter

☐ Bring adequate clothing

☐ Plan for alternative rain location

☐ Bring a radio with you to monitor changing weather conditions

Is your activity an open event? (open to the campus, general public, or students at other colleges or universities and expected to draw over 150 participants) *Plan for crowd control. Do you need to have a LSC Police present?

☐ Yes

☐ No

Are you contracting to service a non-college entity?

☐ Yes

☐ No

Contracted Organization _____

Phone # _____

Are you using a college logo or trademark in association with your activity? (i.e. t-shirts) *Get design approval from College Relations

☐ Yes

☐ No

Have you reviewed your budget and been approved for this event/activity?

☐ Yes

☐ No

I, hereby, submit the above information as truthful. I accept full responsibility of stated event.

Student Representative Printed Name

Student Representative Signature

Date

Advisor Printed Name

Advisor Signature

Date



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