

Event Registration Form

This form is to be used to register all Student Life supported programs, activities and meetings. Worksheets must be submitted to the Office of Student Life, two (2) weeks in advance of the event. If you have any questions, please contact jmanley@spscc.edu or 360-596-5305.

ORGANIZATION NAME: _____ DATE: _____

REQUESTOR NAME: _____ PHONE: _____

REQUESTOR EMAIL: _____ ROLE: ☐ Club Leader ☐ Club Member ☐ Advisor

CO SPONSOR ORGANIZATION NAME (if applicable) _____

EVENT TITLE: _____

(As it should be listed in the campus calendar)

ONE TIME EVENT ☐ RECURRING EVENT ☐ -- Please include all dates/times below

DATE(s): _____

TIME(s): _____

LOCATION _____ RESERVED BY ADVISOR ☐ YES ☐ NO

TIME ROOM NEEDED: (including set up/clean up): Start: _____ End: _____

ACTIVITY DESCRIPTION: *(Give a short description of your event/activity so we can put it on the campus calendar. Attach an additional sheet if needed)*

LOGISTICS

Is this event open to non-students? ☐ NO ☐ YES

Estimated Budget: _____ Estimated Attendance: _____

Cost to Student: _____ Cost to Non-Student: _____

Purchases

Supplies or decorations	<input type="checkbox"/> NO <input type="checkbox"/> YES	Attach Purchase Request Form
Food.....	<input type="checkbox"/> NO <input type="checkbox"/> YES	Attach Food Request Form
Vendor/Performer.....	<input type="checkbox"/> NO <input type="checkbox"/> YES	Attach Contract Worksheet

Were you awarded S&A money to host this event? ☐ NO ☐ YES

Will your event include tickets sales or cash handling?..... ☐ NO ☐ YES ----- Attach Cashbox Request Form

Is your activity a fundraiser? ☐ NO ☐ YES ----- Attach Fundraiser Request Form

Will your activity require chairs/tables/linens?..... ☐ NO ☐ YES

Will your activity require audio/visual set up? ☐ NO ☐ YES

Will an Advisor be present for your event?..... ☐ NO ☐ YES

How will your event be advertised? Provided free of charge through the Student Life front desk.

☐ A Boards ☐ Flyers ☐ Table Tents ☐ Digital Signage ☐ Chalking ☐ Social Media

SIGNATURES

REQUESTOR SIGNATURE _____ Date: _____

ADVISOR NAME _____ SIGNATURE _____ Date: _____

STAFF NAME _____ SIGNATURE _____ Date: _____