UNIVERSITY OF HARTFORD

STUDENT CENTERS ADMINISTRATION

For Student Centers Use Only:
Event Approved: ☐
Event Denied: ☐
Event Tabled: ☐

SPECIAL EVENTS TOOLKIT & OPERATIONS PLAN INTAKE FORM

***** Click Hyperlinked Section Header For University Policies / Procedures Information. *****

***** When A Box Is Checked To The Left Of The Section Header, Complete Section Based On Your Space Request. *****

A. ☒ EVENT INFORMATION:

Event Title: ***Hypnotist Show***	Event Date: ***3/31/2017***
Special Event Level: ***Level 1***	Event Type: ***Performance / Showcase***
Event Space(s):	***Konover Great Room***
Event Description:	***Brian Imbus is being brought to campus to host a 2hour free hypnotist show for all students on campus***
Event Set-Up Requested: Theater	Custom Set-Up Diagram Provided: ***Click To Select Option***
25Live Reference Number: ***Click & Enter Information***	Social Tables URL (*If Known*): ***Click & Enter Information***
Attendee Range: ***200-250***	Chaperones Of Minors Backgrounds Checked: ***Click To Select Options***
Inclement Weather Plan: ***Click & Enter Information***	Rain Call Made By 12 Noon On: ***Click To Select Date***
Dress Rehearsal Date: ***Click To Select Date***	Technical Rehearsal Date: ***Click To Select Date***

B. ☒ SPONSOR'S INFORMATION *(Complete If You Are Working With A Planning Committee)*:

Sponsor(s): ***RHA***	Fund-Org-Sub Account Budget Number: ***803000-7010-81600P***
Organization Type:	***Student Organization***
Event Coordinator's Name & Number:	***Marissa Tourville 860-941-4221***
Department Authority's Name & Number:	***Cindy Sanders 203-535-6384***
External Organization's Sponsor:	***Click & Select Option Only If You Are An External Client***
Promotions Contact's Name & Number:	***Hannah Katzman 917-886-3316***
Budget Contact's Name & Number:	***Stiljan Pela 203-982-4831***
Hospitality Contact's Name & Number:	*Click & Enter Information*
Technical Contact's Name & Number:	***Click & Enter Information***
Event Chaperone(s):	***Cindy Sanders and Peter Bandel (ResLife and RHA Graduate Assistant)***

C. ☒ FEATURED ATTRACTION(S) / CONTRACT INFORMATION:

Attraction Name: **Brain Imbus**	Attraction Description: ***Hypnotist***
Contact Number: ***annachung@brianimbus.com***	Contract Or Rider For The Attraction Provided: ***Yes***
Attraction Name: ***Click & Enter Information***	Attraction Description: ***Click & Enter Information***
Contact Number: 563-599-2188	Contract Or Rider For The Attraction Provided: ***Yes***

D. ☐ EVENT HISTORY (*Complete If Your Group Has Hosted This Or A Similar Event Previously*):

Prior Event Title: ***Click & Enter Information***	Space(s) Used: ***Click & Enter Information***
Prior Event Date: ***Click To Select Date***	Prior Event's Lesson(s): ***Click & Enter Information***

E. ☐ TICKETS / REGISTRATION (*Student Centers: sca@hartford.edu / 860.768.4283*):

Registration / Sales Start Date: ***Click To Select Date***	Registration / Sales End Date: ***Click To Select Date***
Registration / Sales Start Time: ***Click & Enter Start Date***	Registration / Sales End Time: ***Click & Enter End Date***
Student Ticket Price: ***Click & Enter Information***	Student Allocation: ***Click & Enter Information***
Faculty / Staff Ticket Price: ***Click & Enter Information***	Faculty / Staff Allocation: ***Click & Enter Information***
Alumni Ticket Price: ***Click & Enter Information***	Alumni Allocation: ***Click & Enter Information***
Guest Ticket Price: ***Click & Enter Ticket Price***	Guest Allocated: ***Click & Enter Ticket Allocation***
How Many Guest Per Student: ***Click & Enter Information***	Free Tickets Allocated: ***Click & Enter Information***

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Refund Policy: ***Click & Enter Information***	Onsite Tickets Sales Request: ***Click To Select An Option***

F. ☐ **CONFERENCE HOUSING** (*Conference Services: graycc@hartford.edu / 860.768.4951*)**:**

Residence Hall Assigned: ***Click To Select Hall***	Arrival: ***Click To Select Date***	Departure: ***Click To Select Date***
Residence Hall Assigned: ***Click To Select Hall***	Arrival: ***Click To Select Date***	Departure: ***Click To Select Date***

G. ☐ **PRODUCTION SCHEDULE** (*Report To S.C.A. Operation Manager At:* ***Click & Enter Location***):

Sponsor's Staff Arrival (*Usually 60 Minutes Prior To Doors Open*):	***8:00pm***
S.C.A. Event Staff Arrival (*Usually 90 Minutes Prior To Doors Open*):	***8:00pm***
Public Safety Arrival (*Usually 60 Minutes Prior To Doors Open*):	***Click & Enter Time***
Housekeeping Arrival (*Usually 60 Minutes Prior To Doors Open*):	***Click & Enter Time***
Facilities Arrival (*Based On Work Order Request*):	***Click & Enter Time***
Catering Arrival / Food Set-Up (*Based On Discussion & Work Order With Catering*):	***Click & Enter Time***
Other Service Provider Arrival (***Enter Company Name Or Service Provided***):	***Click & Enter Time***
Featured Attraction Arrival (*Based On Show Advance With Agent*):	***Click & Enter Time***
Pre-Event Meeting (*Usually 45 Minutes Prior To Doors Open*):	***8:15pm***
Doors Open (*When Guests Are Allowed To Enter*):	***8:45pm***
Event Begins:	***9:00pm***
Doors Close (*When Guests Are Restricted From Entering*):	***9:30pm***
Event Ends:	***11:00pm***

H. ☒ **EVENT STAFF** (*Complete If Applicable; Assignments Are Reviewed At The Pre-Event Meeting*):

Staff's Name & Number: ***Marissa Tourville 860-941-4221***	Staff's Function & Shift Time: ***helping brian and getting show all set***
Staff's Name & Number: ***Hannah Katzman 917-886-3316***	Staff's Function & Shift Time: ***setting up popcorn and drinks***
Staff's Name & Number: ***Jordon Alagna 516-287-2489***	Staff's Function & Shift Time: ***setting up popcorn and drinks***
Staff's Name & Number: ***Stiljan Pela 203-982-4831***	Staff's Function & Shift Time: ***popcorn***
Staff's Name & Number: ***Savannah Lewis 203-737-0553***	Staff's Function & Shift Time: ***popcorn***
Staff's Name & Number: ***Eryn Berry 203-213-2370***	Staff's Function & Shift Time: ***Click & Enter Information***
Staff's Name & Number: ***Cindy Sanders203-535-6384***	Staff's Function & Shift Time: ***chaperone***
Staff's Name & Number: ***Peter Bandel 860-335-8338***	Staff's Function & Shift Time: ***chaperone***

I. ☒ **SIGNAGE** (*Complete If You Will Provide Or Want Signage For Your Event*):

Enter Signage Information Here: ***RHA will be making flyers and posting around residential halls***

J. ☐ **ANIMALS** (*Complete If Non-ADA Compliant Animals Are A Part Of Your Event*):

Owner's Name & Number: ***Click & Enter Information***	Animals Used For Event: ***Click & Enter Animal Type***
How Will The Animal(s) Be Used:	***Click To Select Options***

K. ☒ **FACILITIES** (*Facilities: facilities@hartford.edu / 860.768.7925*)**:**

Electrical Needs: ***Click & Enter Electrical Needs***	Work Order Number: ***Click & Enter Number***
Custodial Needs: ***bathroom and food cleanup in konover***	Work Order Number: ***Click & Enter Number***
Grounds Needs: ***Click & Enter Grounds Needs***	Work Order Number: ***Click & Enter Number***
Plumbing Needs: ***Click & Enter Plumbing Needs***	Work Order Number: ***Click & Enter Number***

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Transportation Needs: ***Click & Enter Transportation Needs***	Work Order Number: ***Click & Enter Number***

L. ☐ **TEMPORARY STRUCTURES** (*Complete If You Have A Temporary Structures For Your Event*):

Enter Structure Information: ***Click & Enter Structure Description, Size, How It Will Be Secured, Etc.***
Enter Structure Information: ***Click & Enter Structure Description, Size, How It Will Be Secured, Etc.***

M. ☐ **RETAIL VENDORS** (*Complete If You Will Have Merchandise Sold At Your Event*):

Vendor's Name & Contact Information:	***Click & Enter Vendor's Name & Contact Information***
Description Of Product / Services Marketed:	***Click & Enter Product / Service Description***

N. ☒ **MEDIA & PUBLICITY** (*Marketing & Communication: pubs@hartford.edu / 860.768.4610*):

Use This Section To Help Develop & Describe Your Event's Publicity & Promotion Plan:		
Unique Selling Point(s) Of Your Event:	***Click & Enter What Makes Your Event Attractive & Attendee Benefits***	
Identify Your Target Market(s):	***Click & Enter Who You Want To Attract To Your Event***	
How Are You Promoting Your Event: ***Flyers/Posters***	On-Campus: ☒	Off-Campus: ☐
How Are You Promoting Your Event: ***Email/Text Blast***	On-Campus: ☒	Off-Campus: ☐
Media Outlet Covering The Event: ***Click To Select Media Outlet***	On-Campus: ☐	Off-Campus: ☐
Will The Event Be:	***Click To Select Options***	***Click To Select Options***
Will Your Publicity Use:	***Click To Select Options***	***Click To Select Options***

O. ☐ **FOOD & BEVERAGE** (*Catering Services: catering@hartford.edu / 860.768.5017*):

If The University's Dining Service Provides Food What Is The Catering Order Number:	***Click & Enter Order Number***						
Has A University Dining Services Food Waiver Been Issued:	***Click To Select Options***						
What "Hard" Drinks Will Be Served: ***Click To Select Options***	Food Service Style: ***Click To Select Options***						
Name & Information Of External Caterer:	***Click & Enter External Caterer's Name & Contact Information***						
Check When Will You Need Meal Service:	**Su**	**M**	**Tu**	**W**	**Th**	**F**	**Sa**
• Breakfast:	☐	☐	☐	☐	☐	☐	☐
• Lunch:	☐	☐	☐	☐	☐	☐	☐
• Dinner:	☐	☐	☐	☐	☐	☐	☐

P. ☐ **SAFETY & SECURITY** (*Public Safety: pubsafety@hartford.edu / 860.768.7985*):

Event Security Assigned (***Click To Select Options***):	***Click & Enter Assigned Security Staff Amount***										
• Will Traffic Control Be Needed?	***Click To Select Options***										
• Will Money Be Collected At The Event?	***Click To Select Options***										
• Any Hazardous Materials Used Or Pyrotechnics?	***Click To Select Options***										
• Will Private Security (***C.S.C. Corporation***) Be Needed?	***Click To Select Options***										
Parking Lot(s) Assigned:	***A:*** ☐	***B:*** ☐	***C:*** ☐	***D:*** ☐	***E:*** ☐	***F:*** ☐	***G:*** ☐	***H:*** ☐	***I:*** ☐	***J:*** ☐	***K:*** ☐
• Describe Any Special Parking Needs:	***Click & Enter Special Parking Needs***										
Will E.M.T.'s Be Needed For The Event?	***Click To Select Options***										
Do You Have A Map For Your Run / Walk, Parade Or Street Closure?	***Click To Select Options***										

Q. ☐ **LICENSES & PERMITS** (*Complete If You Need Or Obtained A License / Permit For Your Event*):

License Or Permit Needed ☐ / Obtained ☐: ***Click To Select Options***	Number: ***Click & Enter Permit Number***
License Or Permit Needed ☐ / Obtained ☐: ***Click To Select Options***	Number: ***Click & Enter Permit Number***
License Or Permit Needed ☐ / Obtained ☐: ***Click To Select Options***	Number: ***Click & Enter Permit Number***

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License Or Permit Needed ☐ / Obtained ☐: ***Click To Select Options***	Number: ***Click & Enter Permit Number***

R. ☐ **ADA ACCOMMODATIONS** (*Complete If You Will Provide Accommodations To Your Guests*):

Assisted Listening: ☐	Closed Caption: ☐	Interpreters: ☐	Reserved Seats: ☐	Wheelchair: ☐
Assigned Seating: ☐	Large Print: ☐	Braille: ☐	C.A.R.T. Reporter: ☐	Closed Caption: ☐

S. ☐ **V.I.P.'s.** (*Complete If Any V.I.P.'s, University Officials Will Attend Your Event*):

V.I.P.'s Name & Title:	***Click & Enter V.I.P.'s Name & Title***
V.I.P.'s Special Needs:	***Click & Enter V.I.P.'s Special Needs***
Purpose Of The V.I.P.'s Visit:	***Click & Enter The Purpose Of V.I.P.'s Appearance***

T. ☐ **STUDENT CENTERS EVENT RESOURCES** (*Student Centers: sca@hartford.edu / 860.768-4283*):

S.C.A. Event Resources: ***Sound System***	Amount Requested: ***full qsc system***
S.C.A. Event Resources: ***Wireless Handheld Microphone***	Amount Requested: ***2***
S.C.A. Event Resources: ***Powered Speaker***	Amount Requested: ***2***
S.C.A. Event Resources: ***Event Staff***	Amount Requested: ***2***
S.C.A. Event Resources: ***N/A***	Amount Requested: ***extension cord***
S.C.A. Event Resources: ***Click To Select Options***	Amount Requested: ***Click & Enter Needed Amount***

U. ☒ **BUDGET QUESTIONAIRE** (*Complete If You Want To Assess Your Event's Fiscal Feasibility*):

Event Budget:		***Click & Enter Event's Budget***
Expense: ***Professional Fees***	Item: ***Brian Imbus***	Debit: ***$1500.00***
Expense: ***Hospitality***	Item: ***Hotel for brian (1 night)***	Debit: ***$150.00***
Expense: ***Rental***	Item: ***Konover and SCA supplies***	Debit: ***$200.00***
Expense: ***Supplies / Materials***	Item: ***Popcorn and Drinks***	Debit: ***$50.00***
Expense: ***Staffing***	Item: ***sca staff from 8-11***	Debit: ***$12/hour***
Expense: ***Click To Select Expense Type***	Item: ***Click & Enter Expense Description***	Debit: ***Click & Enter (-) Debit***
Revenue: ***Click To Select Revenue Type***	Item: ***Click & Enter Income Description***	Credit: ***Click & Enter (+) Credit***
Revenue: ***Click To Select Revenue Type***	Item: ***Click & Enter Income Description***	Credit: ***Click & Enter (+) Credit***
Revenue: ***Click To Select Revenue Type***	Item: ***Click & Enter Income Description***	Credit: ***Click & Enter (+) Credit***
Revenue: ***Click To Select Revenue Type***	Item: ***Click & Enter Income Description***	Credit: ***Click & Enter (+) Credit***
Revenue: ***Click To Select Revenue Type***	Item: ***Click & Enter Income Description***	Credit: ***Click & Enter (+) Credit***
Final Event Fiscal Statement:		***Click & Enter Final Event Fiscal Statement***
Cost Per Attendee *($[Total Costs]/[Number Of Attendees)*		***Free admission***

V. ☒ **RISK ASSESSMENT** (*Complete If You Want To Assess Your Event's Risks*):

Has Student Centers Administration Received The Certificate Of Insurance?		***Click To Select Options***
Will Event Participants Be Required To Sign Waivers / Releases?		***No - Waivers Not Required***
Risk Assessment Tool:	*Click To Select Or Click & Enter The Requested Information Below:*	
Describe Event Activity Considered Risky:	***There could a problem in konover if there is a large attendance***	
Risk Type: ***Physical***	Risk Level: ***Low***	Risk Chances: ***C - May Occur***
Risk Mitigation Plan: ***may need a ps officer or two to help if the crowd gets out of control***		

W. ☒ **LEARNING OUTCOMES:**

Select A Learning Outcome: ***Organized Volunteers In A Event Planning & Support Staff***

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X. ☒ ACKNOWLEDGEMENTS & SIGNATURES:

Marissa Tourville	*Cindy Sanders*
Event Coordinator	Department Authority

Submit

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