



Student Event Registration Form

Please refer to student program event management policy

Instructions (Please read carefully) – Complete the following form in the order presented. This form must be returned to ADOS prior to your event. Failure to do so will result in the cancellation of your event. No publicity may be disseminated without the completion of this form.

The event shall not exceed _____ people as agreed by the Rider University Department of Public Safety and/or ADOS, and the sponsoring group. Failure of a group to adhere to the attendance numbers listed above or the event management policy will be subject to loss of room reservation privileges.

Sponsoring Group _____

Event Title _____

Program Description _____

Event Time: From: _____ To: _____ **Date of Program:** _____ **Location:** _____

How many Rider University students are expected? _____ **How many guests are expected?** _____

Event Planner Signature _____ **Date:** _____

Phone # _____ **Email:** _____

Facility set up diagram completed and attached (please check) Yes _____ Set Up NOT Needed _____

Does your group need funding from the Student Finance Board or WCC SGA Treasurer?
Yes _____ No _____

Does your group have a copy of the “Student Program Event Management Policy”? Yes _____ No _____
(If “no” please obtain a copy from ADOS)

Group Advisor _____ **Signature** _____

Date _____ **Phone #** _____ **Email:** _____

Will the advisor be present for the duration of the event? Yes _____ No _____ (check one)
IF EVENT ATTENDANCE IS OVER 100 PEOPLE OR IF THE EVENT HAS NON RIDER
ATTENDEES THE ADVISOR (OR HIS/HER DESIGNEE) IS REQUIRED TO ATTEND

Make appointment to meet with Mare Somaine, Assistant Dean of Students, to discuss event and get signature.

Assistant Dean of Students _____ **Date** _____

Special Notes _____

(PLEASE TURN OVER THE FORM TO COMPLETE)

FOR NON-PASSIVE EVENTS ONLY

Event Classification – Level 1 _____ Level 2 _____ Level 3 _____ Level 4 _____

Facilities Signature _____ Date _____

Aramark Signature _____ Date _____

Public Safety Signature _____ Date _____

Final Approval (Assistant Dean of Students)

Signature _____ Date _____

Special Notes _____

WCC SGA Treasurer Signature _____ Date _____

Special Notes _____

TO BE COMPLETED BY ASSISTANT DEAN OF STUDENTS

Program Reminders

_____ Advisor Presence Required

_____ PT/PB Police Required

_____ Rider Public Safety Required

_____ Guests Authorized

_____ Guest list needs a guest sign in list at the entrance to the event and present that list to ADOS the following business day.

_____ Ticket Sales authorized (If yes – you must contact the Box Office)

PLEASE BE SURE TO COMPLETE BOTH SIDES OF THIS FORM