

STUDENT ORGANIZATION EVENT REGISTRATION FORM



This form must be completed 10 business days prior to the event date. Reservations for on campus events will not be confirmed unless this form has been completed. No publicity may be distributed or posted online until this form has been submitted for off campus events or until the reservation confirmation process has been completed for on campus events. **Signatures must be completed in blue or black ink.**

NAME OF ORGANIZATION:

PHONE:

DATE:

EVENT CONTACT NAME:

EMAIL:

NAME OF EVENT:

LOCATION:

EVENT DATE:

BEGIN TIME:

END TIME:

ESTIMATED ATTENDANCE:

TYPE OF ACTIVITY (THE UNIVERSITY'S GENERAL RELEASE WILL BE REQUIRED FOR CERTAIN EVENTS.)

BENEFITS TO PROCEED

EDUCATIONAL PROGRAM

SPIRITUAL PROGRAM

RECREATIONAL PROGRAM

DANCE/PARTY

SOCIAL PROGRAM

COMMUNITY SERVICE

CONFERENCE/CONVENTION

OTHER:

SPEAKER/PANEL

WILL YOUR EVENT INCLUDE ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)

SPORTS ACTIVITY OR COMPETITION

FOREST/PARK CLEAN-UP

INTERNATIONAL TRAVEL

BEACH CLEAN-UP

INDOOR/OUTDOOR COOKING

DOMESTIC TRAVEL

BEACH BONFIRE

AMPLIFIED SOUND

ANIMALS

PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):

HOW WILL YOU MARKET THIS EVENT? (CHECK ALL THAT APPLY)

SOCIAL MEDIA

PRINTED POSTCARDS

PRINTED POSTERS/FLIERS

OTHER:

WHO IS INVITED (CHECK ALL THAT APPLY):

STUDENT ORG. MEMBERS

CAL STATE LA COMMUNITY

OTHER COLLEGES & UNIV.

GENERAL PUBLIC

GUEST LIST

Events intended for the general Cal State LA campus will be listed in the Student Organization Calendar of Events distributed in a bi-weekly email by the Center for Student Involvement.

NO, I DO NOT WISH FOR MY EVENT TO BE POSTED.

WILL THE EVENT HAVE AN ADMISSION CHARGE, REGISTRATION, PARTICIPATION FEE, OR RAISE ANY PROCEEDS TO BENEFIT THE ORGANIZATION? (If yes, please complete statement regarding proceeds to benefit transactions on the back of this form) NO YES

WILL A MOVIE BE SHOWN? NO YES (If yes, please attach written proof of viewing rights.)

WILL THE EVENT HAVE SECURITY? NO YES If yes, please explain

WILL FOOD BE SERVED AT THE EVENT? NO YES

IF YES, WHO WILL PROVIDE THE FOOD? UNIVERSITY CATERING OTHER:

A completed food permit is required for all on-campus events with food unless the food is provided by University Catering.

WILL ALCOHOL BE PRESENT AT THE EVENT? NO YES. Please attach a completed request to serve alcoholic beverages.
(This form may take up to two weeks for review and possible approval.)

WILL THE EVENT BE HELD IN A RESTAURANT/VENUE WHERE ALCOHOL IS AVAILABLE? NO YES Initials

If so, please affirm organization members and guests will not consume alcohol.

PLEASE LIST 2 TIPS TRAINED MEMBERS ON PAGE 2.

WILL OFF-CAMPUS MEDIA BE NOTIFIED ABOUT THE EVENT (NEWSPAPER, TV, RADIO, ETC.)? NO YES, PLEASE PROVIDE WHO WILL BE INVITED ON PAGE 2.

DOES THE STUDENT ORGANIZATION WANT TO PURCHASE SPECIAL EVENT INSURANCE FOR THIS EVENT? NO YES

Please be aware that student organization events are not covered for liability or other insurance by California State University, Los Angeles or the University-Student Union. Student organization officers or the advisor may be held personally liable. If the student organization would like to purchase Special Event Insurance for a particular event, please contact CSI.

STATEMENT REGARDING PROCEEDS TO BENEFIT TRANSACTIONS

As officers of this recognized student organization at Cal State LA, we affirm that all proceeds raised or assets assigned will be used solely for the benefit of the organization as a whole. Further, it is affirmed that no proceeds or assets of this organizations will accrue to the benefit of any officer, member, or any private person. We also affirm that all proceeds transactions for this event will comply with all University policies and procedures including but not limited to ICSUAM Policy 3141.01 and the Cal State LA Student Organization Funds Administration Policy.

Describe the admission charge, registration, participation fee, or any proceeds that will be raised to benefit the organization. Please include how much the organization will be charging for any of these proceeds.

PRESIDENT: SIGNATURE: DATE:
TREASURER: SIGNATURE: DATE:
U-SU STUDENT ORGANIZATION ACCOUNT #: or APPROVED EXEMPT STATUS: CSI VERIFICATION

EVENT GUIDELINES

The following guidelines are provided for the benefit of the student organization. They are intended to be followed completely. Failure to comply with any of the following guidelines may result in disciplinary action taken against the organization including suspension of recognition, events and use of facilities. More information can be found online in the Student Organization Handbook.

CONDUCT: The organization assumes full responsibility for the conduct of participants at the event. Any violation of University policy may subject the participants and/or the organization to disciplinary action by the Center for Student Involvement or Student Conduct.

ALCOHOL: In accordance with Administrative Procedure 019 - Alcoholic Beverages, any event (on or off campus) that involves the consumption of alcoholic beverages requires authorization from the University. Your organization must complete and submit a Request to Serve Alcoholic Beverages form in addition to this Event Registration Form. Please allow at least 3 weeks for this form to be reviewed by the University. Approved alcohol consumption events and events held where alcohol is available (but will not be consumed) require at least two TiPS certified members to be in attendance of the entire event. Additional guidelines may be enforced.

PUBLICITY: All publicity material must comply with University Administrative Procedures AP P003 and AP P007.

GENERAL RELEASE: If your event will require the use of general release waivers prior to organization member and guest participation, your organization is required to comply with all instructions provided by CSI, including submitting all completed forms and requested documents.

MY SIGNATURE BELOW INDICATES THAT I WILL TAKE RESPONSIBILITY TO ENSURE THAT THE EVENT WHICH MY ORGANIZATION IS SPONSORING WILL FOLLOW ALL GUIDELINES SET FORTH BY THE UNIVERSITY. I ACKNOWLEDGE THAT THIS EVENT AND ANY ASSOCIATED EVENT SPACE RESERVATIONS MAY BE SUBJECT TO CANCELLATION BASED ON MY ORGANIZATION'S RECOGNITION STATUS.

STUDENT ORG. OFFICER'S NAME SIGNATURE (PLEASE USE BLUE OR BLACK INK ONLY) DATE:
ADVISOR'S NAME

ACKNOWLEDGMENT - FOR OFFICE USE ONLY

CENTER FOR STUDENT INVOLVEMENT (U-SU 204)

SIGNATURE:

DATE:

CSI VERIFIES THE ORG. IS RECOGNIZED BY THE UNIVERSITY

ASSISTANT DEAN OF STUDENTS: WELLNESS & ENGAGEMENT

GENERAL RELEASE REQUIRED FOR ALL PARTICIPANTS? ☐ NO ☐ YES DATE REQUIRED:

NOTIFICATIONS:

☐ PUBLIC AFFAIRS

DATE:

☐ ATHLETICS

DATE:

☐ DEPT. OF PUBLIC SAFETY

DATE:

☐ FACILITIES USE COORDINATOR

DATE:

OTHER:

DATE:

U-SU BUSINESS OFFICE

DATE:

NOTES OR UPDATES: (TIPS-TRAINED MEMBERS, INVITED MEDIA, ADDITIONAL INFORMATION/REQUIREMENTS)