Florida A&M University University Facility Request & Approval Form EVENT DESCRIPTION/PROPOSAL

(Attach this form/or additional information to Facility Request & Event Approval Form) **NOTE:** OSA COORD. APPROVAL REQUIRED FOR STUDENT EVENTS PRIOR TO SUBMISSION.

ORGANIZATION/AREA (Full Name/Student Organizations MUST BE CERTIFIED):	
CONTACT (Name): E-MAIL ADDRESS:	TELE.NO.:
DATE OF EVENT (Month/Day/Year):	TIME OF EVENT (AM/PM):
NAME OF EVENT (Full Title – Same as will be used for Advertisement):	
VENUE/BUILDING/AREA (Name):	
TYPE OF EVENT (Meeting - Agenda/Semina:	r/Forum/Party/Social/Showcase/Conference):
* Contact Health Educator (tanya.tatum@famu.edu for Health related	d events; Religion Chair Larry Hunt (850-224-7151) for Religious events
NAME - GUEST/PERFORMERS/SPEAKERS (Type of Performance-use back of form as needed):	
ATTENDANCE (Anticipated/Expected – Based on size of Venue):	
PROPOSAL (Benefit/Enjoyment – Students/Fa	aculty/Staff/Community/Parents/etc.):

Refreshments (List purchased items/vendor name/caterer/etc.) A copy of insurance policy/group and/or personal waiver must be provided when requested in accordance with venue size/anticipated guest count/ticket sales/etc. **Risk Management approval REQUIRED for all events and activities**. For information/other concerns, contact a facility committee representative @ 850-599-3400.