

STUDENT ORGANIZATION EVENT PLANNING WORKSHEET

Bring this completed form to the Event Registration Meeting – Fridays @ 10AM, Campus Center Upper Conference Room

Date: _____

Student Organization/Sponsors:

1. _____
2. _____

Dept ID#:

TCU Funded Event?

Primary Student Contact:

Name: _____ Phone: (____) _____
E-mail: _____

Advisor:

Name: _____
Phone: (____) _____

Secondary Contact: (Please provide the name/email/phone of a secondary contact in case we are unable to reach you)

Name: _____ Phone: (____) _____ E-mail: _____

Event Name: _____

Event Description: _____

Advertising: _____

Event Date: _____ Event Location: _____

Event Start Time: _____ Event End Time: _____ Expected Attendance: _____

Audience (Select): _____ Admission Fee: _____ Tickets Sold: _____

Guest List? Yes No

Ticket Contract: Yes No

For events to be considered open to the Tufts Community only (and thus generally not require metal detecting equipment), the number of outside invited guests may not exceed 25.

GUEST LIST IS DUE TO OCL 48 HOURS PRIOR TO START OF EVENT.

I. Services Required

A. Event Staff: Yes No IDR # _____

Set up (check): As Is Lecture Style Open Floor Other _____

Chairs: # _____ Tables #: _____

Description: (attach diagram if necessary) _____

B. Facilities Needs: Yes No Work Order #: _____

C. Catering Needs: Yes No IDR #: _____

D. AV Needs: Yes No Work Order #: _____

E. TUPD: Yes No IDR #: _____

Events advertised and open to non-Tufts attendees that are not primarily a performance with seated audience, or requiring special security arrangements will require the use of metal detectors.

Metal Detector: Yes No

F. Other Needs: _____ IDR #: _____

For Event Registration Use Only

Event Registration Meeting Date: _____ Event Status (Circle): Approved Denied Pending: _____

Student Organization Representative: _____

Signature: _____

TCU Treasurer's Signature: _____

Event Registration Representative: _____

Associate Director for Campus Life

FACILITIES WORK ORDER REQUEST

Work Order #: _____

Request Date:

Dept ID#:

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I. Contact Information

Student Organization: _____

Student Representative Name: _____

E-mail Address: _____@tufts.edu Phone: _____

II. Event Information

Did you fill out an event planning worksheet? Skip to Section 3.

Event Name: _____

Event Date: _____ Event Start Time: _____ Event End Time: _____

III. Request

Building: _____ Room #: _____

Request (List items needed): _____

Facilities Drop-off Time: _____

Facilities Pick-up Time: _____

For Office for Campus Life Use Only

Date Entered: _____ Entered by: _____

Revisions/Additions to Original Work Order: _____

Student Organization Treasurer's Signature: _____