



Student Life and Services Activity / Event Request Form

(Revised 09/28/13)

***A minimum of two weeks notice is required for each event that is requested. A separate form must be submitted for each event.**

Step 1: Complete and submit this form to the Office of Student Life and Services (attach and submit budget and flyer for event with form).

Step 2: Receive a written decision regarding this activity/event request from the Associate Vice President of Student Affairs – Student Life and Services and/or designee PRIOR to planning and/or publicizing event.

Title of Event:	
Event Date:	
Type of Event:	<input type="checkbox"/> Social <input type="checkbox"/> Educational <input type="checkbox"/> Fundraiser <input type="checkbox"/> Other _____
Description of Event:	
Name of Club/Organization:	
Name of Advisor:	
Advisor's Cell Phone:	
Advisor's E-Mail:	
Location:	<input type="checkbox"/> Auditorium (Building 46) <input type="checkbox"/> Gym <input type="checkbox"/> Auditorium Lobby (Building 46) <input type="checkbox"/> Plaza (Connecticut Ave) <input type="checkbox"/> Window's Lounge <input type="checkbox"/> Dennard Plaza <input type="checkbox"/> Building 41, A-03 <input type="checkbox"/> Student Lounge (B-Level) <input type="checkbox"/> Building 44, A-03 <input type="checkbox"/> Other _____
Setup Style:	<input type="checkbox"/> Classroom Style <input type="checkbox"/> Round Style <input type="checkbox"/> Theatre Style A <input type="checkbox"/> Theatre Style B <input type="checkbox"/> Instructional Theatre Style <input type="checkbox"/> Interview Style
Time Requesting Room to be Open:	
Event Start Time:	
Event Ending Time:	
Publicity Request(s):	<input type="checkbox"/> UDC Online Calendar <input type="checkbox"/> Flyer (Please attach.) <input type="checkbox"/> UDC TV Monitors <input type="checkbox"/> Other: _____ <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Campus Photographer

Technical Need(s):	<input type="checkbox"/> Microphone <input type="checkbox"/> LCD Projector <input type="checkbox"/> Podium <input type="checkbox"/> Other: _____
Miscellaneous Need(s):	<input type="checkbox"/> Tables <input type="checkbox"/> Round # _____ <input type="checkbox"/> Square # _____ <input type="checkbox"/> Chairs <input type="checkbox"/> Other: _____
Other:	Estimated Number of Attendees: _____ Will there be an admission fee? <input type="checkbox"/> Yes Amount: \$ _____ <input type="checkbox"/> No Is the event open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No Will there be any food? <input type="checkbox"/> Yes Caterer: _____ <input type="checkbox"/> No Will there be music? <input type="checkbox"/> Yes <input type="checkbox"/> No Will there be any entertainers? <input type="checkbox"/> Yes <input type="checkbox"/> No Is transportation needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Comments:	

Certification:

By the signature(s) below, the representative(s) submitting this request certify that the information provided on this form is accurate and correct to the best of my knowledge. By submission of this form, the representative(s) acknowledge and understand that this is a request and does NOT imply or constitute a contract or approval.

Printed Name of Person Submitting Request:	
Signature:	Date:
Title/Role of Person Submitting Request:	<input type="checkbox"/> Student <input type="checkbox"/> Advisor <input type="checkbox"/> Other _____
Email Address of Person Submitting Request:	
Phone Number of Person Submitting Request:	
Club/Organization (President) Name:	
Club/Organization (President) Signature:	Date:
Club/Organization CAMPUS Advisor Name:	
Club/Organization CAMPUS Advisor Signature:	Date:
CAMPUS Advisor Event Attendance Confirmation:	I will attend the event. [] Yes [] No
	If no, provide name of the approved staff replacement:
Club/Organization CAMPUS Advisor Email Address:	
Club/Organization CAMPUS Advisor Phone Number:	

For Office Use Only

<p>_____</p> <p>SLS Specialist Signature Printed Name Date</p> <p>Club/Organization Status for this Term _____ / Year: _____: <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>_____</p> <p>AVP Student Affairs Signature Printed Name Date</p> <p>Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>_____</p> <p>Space Reservations Signature Printed Name Date</p> <p>Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>_____</p> <p>Facility Coordinator of Building/Space Requested Signature Printed Name Date</p> <p>Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>_____</p> <p>Campus Safety Signature Printed Name Date</p> <p>Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>_____</p> <p>Student Accounts Signature Printed Name Date</p> <p>Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>_____</p> <p>Food Services/Contractor Signature Printed Name Date</p> <p>Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



UNIVERSITY OF THE DISTRICT OF COLUMBIA SPACE RESERVATION REQUEST

Today's Date: _____

*This form should be submitted at least **FIFTEEN** working days prior to the proposed activity or services may not be available. Final reservation is not confirmed until the requesting organization receives a copy of this form signed by the Coordinator of Space Reservations.*

**Open flame devices or flammable materials of any nature must not be brought into any building.
The University of the District of Columbia is a Drug Free Zone**

Name and Title of Applicant: _____ Phone: _____

Address of Applicant _____

Name of Organization: _____

Event Date: _____ Hours Reserved: _____

Hours of Event: _____

Space Desired:

- Dennard Plaza Firebird Inn
- Building 44 A-03 (Fixed Seating) Other _____

Name and complete details of the program or activity:

Expected Attendance: _____

Support Services needed: Tables: # Long _____ #Round _____ Chairs: # _____
Specifications: _____

Podium Stodial Security

Program is open to: Student Body Faculty Members Only
 Registrants Public

Admission fee: Will be charged Will **not** be charged

Food: Will Will **not** be used

Signature of Applicant _____

Signature of Club or Organization
(Advisor/Sponsor) *Responsible for the University Group's Activity and Conduct and will be present during hours of University/Civic Event. Day time Phone Number:* _____

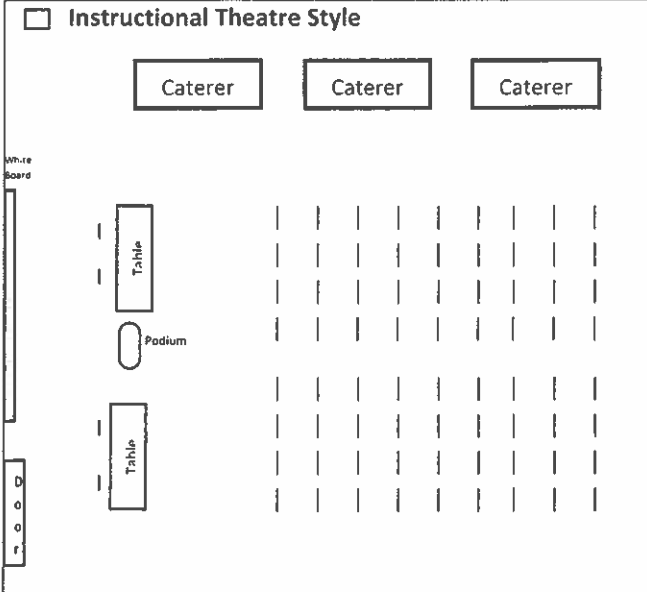
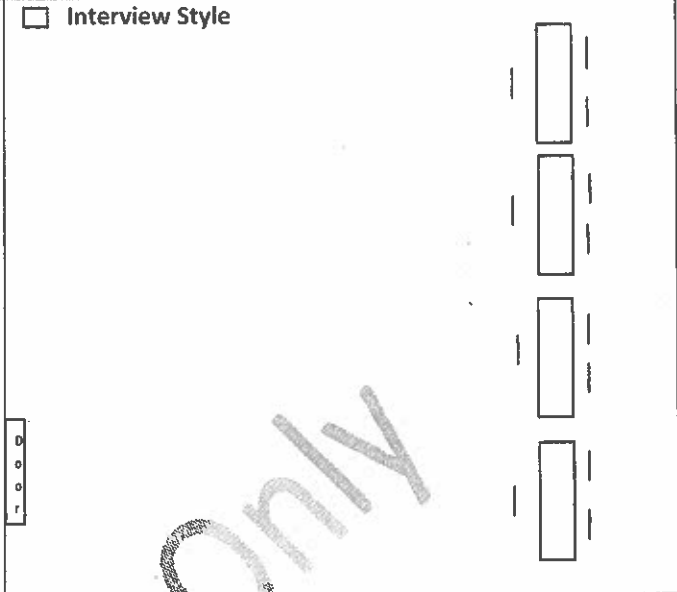
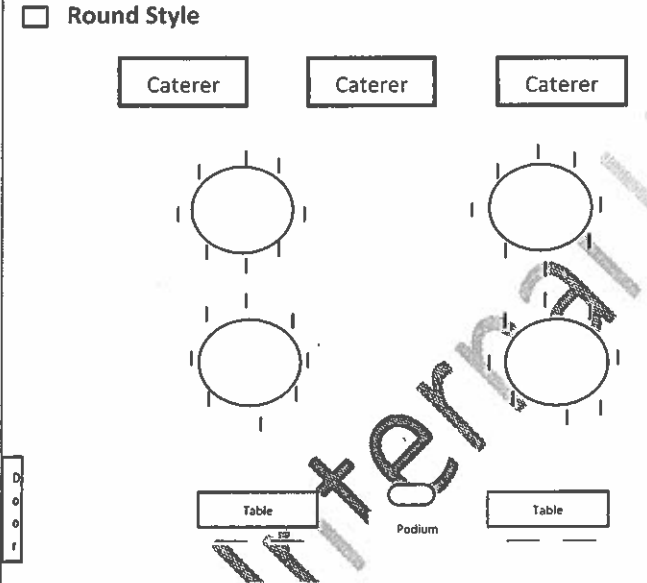
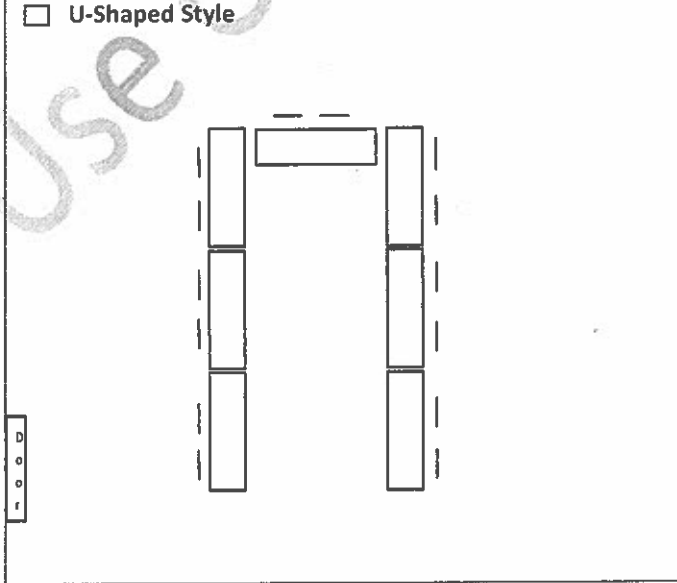
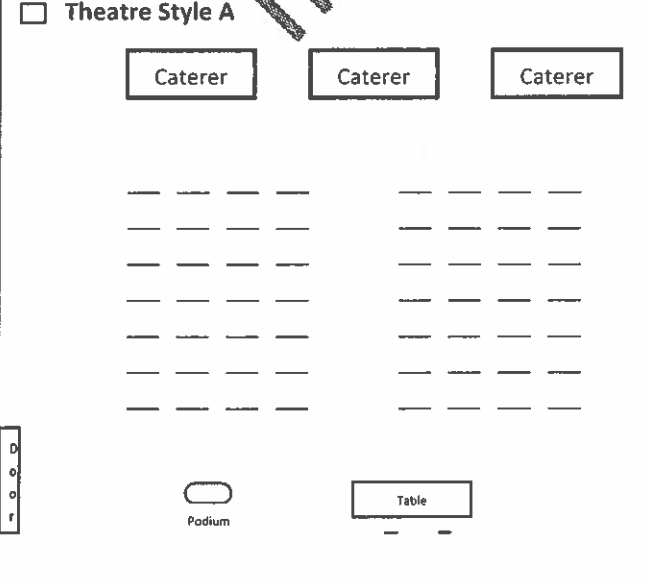
Vice President of Student Affairs
Authorization of Student Program
Student Organizations Only

Signature of Dean (if applicable) _____

Coordinator of Space Reservations

Please select a diagram of setup for proposed activity (See reverse)

Setup Style Options
(Please select one)

<input type="checkbox"/> Instructional Theatre Style 	<input type="checkbox"/> Interview Style 
<input type="checkbox"/> Round Style 	<input type="checkbox"/> U-Shaped Style 
<input type="checkbox"/> Theatre Style A 	<input type="checkbox"/> Theatre Style B 