



## 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)

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**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

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**Make appointment to meet with the Assistant Dean of Students to discuss event and get signature.**

**Assistant Dean of Students** \_\_\_\_\_ **Date** \_\_\_\_\_

**Special Notes** \_\_\_\_\_

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(PLEASE TURN OVER THE FORM TO COMPLETE)

**FOR NON-PASSIVE EVENTS ONLY**

Event Classification – Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 3 \_\_\_\_\_ Level 4 \_\_\_\_\_

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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 \_\_\_\_\_

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**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**