

Event Services

101 College Street SW ♦ Valley City, ND 58072 701 845 7705 ♦ 800 532 8641 x7705 fax 701 845 7707

event.services@vcsu.edu www.**vcsu**.edu/eventservices

Special Event Approval Form

Please complete this form and submit to Event Services <u>at least two weeks prior</u> to the event. Activity approval/denial will be communicated to the Event Sponsor via the contact information provided.

Activity/Event Name: _ Activity/Event Type: Activity/Event Description	OSocial on:	OEducational	Other:
Preferred Location/Fac	ility/Room:		
Date(s) of Event:		Start T	Time: End Time: Reoccurring Activity/Event: OYes OI
Occurs: \(\text{OWeekly}\) \(\text{ON}\)	Ionthly Week: (1st 2nd 3rd 0	04th Day: OS OM OT OW OR OF OS
Event Sponsor(s):		*	Nonprofit or Small Group* See definitions of Nonprofit and Small Group in Event Process Guide
Contact Person(s):		(Contact Phone:
Contact Email:		Sponsor(s	s) Address:
Participants/Guests: C	Campus Comm	unity OGeneral Publi	ic Olnvited Guests O0ther:
Expected Number of Pa	rticipants/Guest	ts:	_ Admission Fee: OYesONo Amount: \$
Food: OYes ONo De	scribe:		ease Contact VCSU Food Services: 701-845-713
		*All food and beverage cate	ering is to be coordinated through the University's Food Service Provi
Special Arrangements:			
Reserved Parking	OYes ONo	Please describe:	
Furniture	OYes ONo	Please describe:	
IT Equipment	OYes ONo	Please describe:	
Guest Internet Access	OYes ONo	Number of guest acc	counts:
Would you like to have to	the Event Coordi		utes prior to start of event? O Yes O No
			he Event Coordinator will be present for all Third-Party events
	Please Indicate I	selow if you'd prefer to n	nave EC present at a time <u>other</u> than 15 minutes prior
Other necessary inform	ation:		
**Event Services will work w	ith the Event Sponsc	or and campus departments	s to make any necessary arrangements for the event.
Signature:			Date:
*By typin	ng your name you are di	igitally signing this form	

Special Event Approval—for Event Services office use ONLY

 Yes □ No: Nonprofit or Small Group (liability insurance or waiver requirement may be waived) □ Yes □ No: Liability Insurance Waived □ Yes □ No: Liability Waiver Needed (copies of waiver will need to be provided for the Event Sponsor) □ Yes □ No: Liability Insurance Needed 						
3rd Party Certificate of InsTULIP Coverage (contact EOther, please explain:	Event Services for mo	ore information)				
Approval Signatures:						
Facilities Services Representative:	☐ Yes ☐ No	Initials:				
Safety Office:	☐ Yes ☐ No	Initials:				
Other:	☐ Yes ☐ No	Initials:	<u> </u>			
□ A	pproved	☐ Denied				
If denied, provide reasoning:						
Event Coordinator:						
Signature:	Date:					