



VALLEY CITY
STATE UNIVERSITY

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 at least two weeks prior to the event. Activity approval/denial will be communicated to the Event Sponsor via the contact information provided.

Activity/Event Name: _____

Activity/Event Type: Social Educational Other: _____

Activity/Event Description:

Preferred Location/Facility/Room: _____

Date(s) of Event: _____ | Start Time: _____ End Time: _____

Room Unlock Time: _____ Room Lock Time: _____ | Reoccurring Activity/Event: Yes No

Occurs: Weekly Monthly | Week: 1st 2nd 3rd 4th | Day: S M T W R F S

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) Address: _____

Participants/Guests: Campus Community General Public Invited Guests Other: _____

Expected Number of Participants/Guests: _____ Admission Fee: Yes No Amount: \$ _____

Concessions/Vendors: Yes No List: _____

Food: Yes No Describe: _____ Please Contact VCSU Food Services: 701-845-7130

*All food and beverage catering is to be coordinated through the University's Food Service Provider

Special Arrangements:

Reserved Parking Yes No Please describe: _____

Furniture Yes No Please describe: _____

IT Equipment Yes No Please describe: _____

Guest Internet Access Yes No Number of guest accounts: _____

Would you like to have the Event Coordinator present 15 minutes prior to start of event? Yes No

* The Event Coordinator will be present for all Third-Party events.

Please indicate below if you'd prefer to have EC present at a time other than 15 minutes prior.

Other necessary information:

**Event Services will work with the Event Sponsor and campus departments to make any necessary arrangements for the event.

Signature: _____

*By typing your name you are digitally signing this form

Date: _____

