#### SUNY Delhi Office of Student Activities

# **Student Activities Event Proposal Packet**

Thank you for your willingness to put on an event with Student Activities. This packet is to be used to help your planning process and help ensure success of the program you'd like to host. Please do not hesitate to speak with anybody from Student Activities if you have any questions.

This packet inc	ludes: (Student Activities Staff will initial each line when complete	ed.)
A roor	n reservation form (formerly Green Sheet.)	
Chape	rone Sheet	
Event	application	
Marke	ting plan	
Purcha	ase Order Timeline (note: purchase orders need to be signed separat	tely.)
Assess	sment plan	
Post ev	vent evaluation.	
Event	Agreement	
completed. A p	s of this packet are to be turned in to the Office of Student Activities re-event meeting is required at least 1 week prior to the event. Plea appointment with a member of the Student Activities Team.	•
	Pre-Event Meeting Date://	
	Time:	
	John Nick Joli (Circle One)	

Compliance with this packet and all forms included are required.

## APPLICATION FOR FACILITY USAGE

#### **Event Room Reservation Form**

To be submitted with an event application.

- Write neatly or use a typewriter. Illegible forms will be returned.
- Go to http://tinyurl.com/DelhiQue to check for conflicts. See Student Activities if you have questions or need assistance navigating QueCentre.
- This form is to be turned in to the Office of Student Activities AT LEAST 10 business days prior to the event.
- Notify Student Activities of any cancellations by emailing studentactivities@delhi.edu.
- You will be notified via Delhi email if there are any issues.

<ul> <li>Resident Hall Assistants are to reserve space for progra Sponsoring Organization:</li> </ul>				am credit through their Residence Hall Directors.  Event Name:			
Person Responsible for event:			Email: @		live.delhi.edu		
Building and Room Number Requested	Date(s)		Event Time		Reservation Time (includes set up and take down)		
	Month	Day	Year	From	То	From	То

# Will food or drinks be served? Yes No Approximate Number of People Expected: Will this event go beyond building hours? No Wore than 30 people requires a chaperone sheet\*

## **Equipment and Supplies**

	•	t is needed with no addition ent you would like to reque	1 1	number needed
Chairs Sound System	Tables Projector	Microphones Screen	Laptop Other:	iPad
Applicant's Signature		Advisor/Superv	isor Signature	
Addition Signature (if need	ed)	Additional Sign.	ature (if needed)	

Write any additional details or special requirements on the back of this sheet.

## **Chaperone Sheet – To be Submitted with Reservation Request**

A Chaperone Sheet is required for every event with an expected attendance of more than 30 people.

This should be turned in with the reservation form.

Club/Organization Nan	ne:	Name of Event:		
Date:	Time:	Location:		
Professional Chaperone	2:			
Only staff and faculty e	employed by SUNY D	elhi may be considered a professional chaperone.		
• '	•	ent at all times and exercise professional judgment ehavior be appropriate and commensurate with the		
Chaperone Name:		Chaperone Signature:		
Chaperone Office #:		Chaperone Phone#:		
Chaperone Name:		Chaperone Signature:		
Chaperone Office #:		Chaperone Phone#:		
Organization Advisor S	Signature:	Date:		
Director of Student Act	tivities:	Date:		

# **Event Application Form**

Name of organization(s):
Proposed event name:
Requested event date:/
Requested event times::am/pm to:am/pm
□Check box if this event has been done before.
Event Description:
Provide a detailed description of the event.
Event Budget:
Estimated Budget:\$
Have you/will you be requesting additional allocations? Yes No
Will you be fundraising for this event?  Yes No
Please provide a description of how the money will be spent (items and approximate cost.)
<del></del>
<del></del>
Will you be charging admission? No Yes (\$for students and \$ for guests.)

## **Marketing Plan**

All events through the office of student activities must be marketed and open to all members of the Delhi Student Community.

## **Digital Screen Request**

☐ Check box if online digital screen request form has been completed and disregard this paper form.
Event Title:
Sponsoring Organization(s):
Name of requestor:
Requestor Email:
Date and Time of Event:
Location:
$\Box$ I do not have a plan of what I would like and request a digital screen be made and posted.
□ I have a plan of what I would like on the digital screen.
Use the box below to draw a general design of what you'd like on the digital screen.
□ I do not request to see a draft hefere poeting to the digital servers on compus
☐ I do not request to see a draft before posting to the digital screens on campus. ☐ I would like paper flyers printed and distributed for this event.

### **Purchase Order Timeline**

If anything is going to be purchased or an outside vendor brought in, the following timeline must be followed. There will be no exceptions. The date to be completed will be filled out by Student Activities.

Task	Date To Be Completed	Date Completed
PO picked up from Student Senate Finance Clerk or CADI.	ASAP	
Vendor information is completed and contracts obtained.		
Vendor information and contracts are turned in to Student Activities		
Treasurer and advisor signatures are obtained.		
Signature of Director of Student Activities obtained.		
Credit Card picked up by advisor.		
All receipts and purchase order sheets submitted.		

#### Remember:

- The date to be completed may be different for different vendors or different events. This will be discussed in a pre-event meeting.
- If this event is raising money for a non-campus fund, any money spent from your budget must be returned. Only profit can be donated.
- Purchase orders must be returned. Only take as many as you need.
- All receipts must be turned in. Budget freezes will occur for lost or non-returned receipts.
- Online purchases must be done by a member of Student Activities.

### **Assessment Survey Plan**

All events through Student Activities will be assessed.

The following are the default assessment questions:

- 1. How would you rate this event? (1-5 Scale)
- 2. What could make this event better? (Short answer)
- 3. How did you hear about this event? (Multiple selection)
- 4. What year are you? (Single selection)
- 5. Which gender do you identify with? (Single selection)
- 6. For the raffle, please give your email. (Optional, you will not get this information.)

Write any additional questions you would like asked:					

You will get an email shortly after the event with the information collected.

Please make sure to complete and submit the Program Evaluation Form within 3 business days of event.

## **Post Event Evaluation Form**

This form is to be completed by an E-Board member of the sponsoring organization.

Contact Name	Contact Email	Sponsoring Organization(s)
D. M	D	D. J. C.
Program Name	Program Date	Program Location
within 3 business days	from the event. If you have a i.edu or call (607)746-4565.	civities. Please complete and submit this form any questions, please email  This form will be detached from the
*	ed overview of your event (in gram could be improved):	acluding activities, any successes, surprises or
What went well at this	event?	
What could have been	done better?	
(Office Use: Scanned a	and uploaded to shared drive:	/ Initials:

# SUNY Delhi Office of Student Activities Event Agreement

Contact Name:	Phone Number:	Email Ad	ldress:
Collaborating Organization:		Program Name:	Program Date:
	nts in driving programming effo	•	opportunities for students to socialize, connect students with l part of the campus culture. Specifically, programs should
■ Develop meaningful an	d healthy interpersonal relations	ships	
<ul> <li>Identify and provide fur</li> </ul>	n, interactive, educational events	s for the campus students and community.	
■ Describe a sense of belo	onging, connectedness, and belo	nging in SUNY Delhi community.	
The following requirements mus	t be adhered to by all Student	Activities Event Hosts.	
Conduct regardless of if the event	anization must follow all direction is held on or off campus. All even No hateful or drug referencing	ons given by the office of student activities. ents must be suitable for a general audience. speech or media will be permitted. The even	All people involved must abide by the Student Code of No conduct that can be viewed as sexually offensive in at chaperone and Student Activities Staff have final say in
Adhere to SUNY Delhi Office of All funding must abide by the polic Please see Student Activities for an	cies set by the Office of Student	Activities and/or CADI. Any and all receipt	ts must be turned in within 3 business days after purchase
•	•	of the sponsoring organization to complete of the event and submitted to The Office of S	this during the event. A program evaluation must be Student Activities
Pre and Post Event Req A pre-event meeting with a member meeting may be required for larger	er of Student Activities must be	held at least 1 week prior to the event. Large	er events will require an earlier meeting. A post event
Event Inclusion Require At no time should any student be to extenuating circumstances.		by a student. Only the event chaperone or St	tudent Activities Staff can turn a student away on
Club E-Board Officer	Da	ate Student Activities Staff	 Date