

PLEASE PRESS FIRMLY.

Event Proposal Form

STEP 1 (To be completed by organization)

Organization(s) (full name): _____ Path: 10 20 30

Proposed date(s): (if weekly meeting give day and list dates) _____

Open to: Public _____ Campus Only _____ Private (no Campus Calender publicity) _____ Estimated Attendance _____

Title and Description of Event: _____

Event Contact Name: _____ Phone: () - _____ E-mail: _____

YES NO AFTER CHECKING "YES" OR "NO", PLEASE WRITE IN INFO. AND/OR MARK ALL THAT APPLY.

Event to be publicized. If yes, please note all methods: _____
If yes, will it be publicized off-campus? yes no

Are you collecting any money at your event? Sales Admissions Donations

Audio/Visual equipment needed.

Are you serving food at your event?

Amplified Sound: Indoor Outdoors Music: yes no If yes, Type of Music: _____ Live DJ/Recorded

UC Police Officer: Required for dances at additional cost, funded by (CEP, Core, etc.): _____ Hours: from _____ to _____

Facility costs? If yes, to be funded by (CEP, Core, etc.): _____

My signature below indicates that we hold the University harmless and indemnify the Regents for any loss resulting from our actions.

Authorized Representative (Sign) _____ Print _____ Phone: () _____

STEP 2 (To be completed by SOAR Adviser) The event described above requires completion of the following conditions:

(1) ADA Language is required for all publicity (2) Return completed form to SOAR

() _____

() _____

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() _____

SOAR Adviser (Sign) _____ Date _____ Email _____

Size

Small

Mid

Major

STEP 3 (Completed with Facility Coordinator) ONLY AFTER Step 2 has been completed and signed by SOAR.

Location (Dining Hall, Classroom, Lounge, etc.) _____

Day of the Week & Date(s) _____

Time: Set Up _____ am/pm Event Start _____ am/pm Event End _____ am/pm

Police required? No Yes Time required _____ to _____ Facility NTE Total Amount \$ _____

() _____

() _____

Facility Coordinator (Print name) _____ E-mail: _____

Signature: _____ Date _____ Phone _____

H1

H2

H3

H4

Date

Reg:

STEP 4 (Return completed) Completed Form Returned to SOAR Office On (date): _____ Received by: _____

FOR SOAR USE	FUND	ORG CODE	ACCOUNT	ACTIVITY	AMOUNT
DEBIT					
CREDIT					