

Page 1 of 2

| Submission Date: |
|------------------|
| |

On Campus Special Event Approval Form

(Please submit at least 60 days before event)

| Name of Events | | | | | | |
|------------------------------|----------------------|--------------------------------|---------------|----------------|----------------|--|
| Reservation Sta | Date) | (Time) | Ever | nt Start Time: | | |
| Reservation Fir | nich. | | (Time) | Ever | nt Finish Time | e: |
| Venue(s)/Locat | ion(s): | Date) | (Time) | | | |
| Event Contact | Name: | | | | | |
| | Address: | | | | | |
| | Phone(s): E-Mail: | | | | | |
| Overview of Event. Us | ` | | | | | |
| Will anyone wit | - | - | • 0 | | *** | No O |
| v | | | | | | |
| Will a caterer b | e used for t | his event? | | | | No O |
| Will there be an | y alcohol se | erved at this | event? | | Yes⊂ | No O |
| Type of Event: | University | Activity O | Universit | y Relate | d Activity O | External Event C |
| Will third party If "Yes" | 0 | bility insura of of insuran | - | | Yes O No | o C |
| Estimated Max | imum Daily | Attendance | : | | | |
| Transportation | to Event: | Car \square | Bus \square | S | Shuttle | Other |
| Requesting Dean o | r Department | Head | | Yes (| No () | olice will contact you your event. Date |
| | | | · | | | |
| Campus Performa | nce Facilities | Date | UNC | SA Police | Department | Date |
| | | App | roval Routi | ing | | |
| | | | | Yes 🔿 | No O | |
| Chief Financial Of | fficer or their | designated rep | resentative | | | Date |
| | | • | | Yes (| No O | |
| Provost or their de | signated repr | esentative | | | | Date |
| | | | | | | |



| Page 2 of 2 | Submission Date: |
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On Campus Special Event ADDENDUM

| Name of Event: | | |
|----------------------------------|--|--|
| | | |
| Additional Event Details: | | |

original: Event Contact cc: Campus Performance Facilities, UNCSA Police Department

Rev. 11/2016