



# On Campus Special Event Approval Form

(Please submit at least 60 days before event)

Name of Event: \_\_\_\_\_

Reservation Start: \_\_\_\_\_ (Date) \_\_\_\_\_ (Time)      Event Start Time: \_\_\_\_\_

Reservation Finish: \_\_\_\_\_ (Date) \_\_\_\_\_ (Time)      Event Finish Time: \_\_\_\_\_

Venue(s)/Location(s): \_\_\_\_\_

Event Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

E-Mail: \_\_\_\_\_

Overview of Event (Be sure to include all the rooms locations and times that will be used by the event. Use the provided "ADDENDUM" second page for additional details):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will anyone with "special needs" be participating in this event?    Yes  No

Will any food or other refreshments be served at this event?    Yes  No

Will a caterer be used for this event?    Yes  No

Will there be any alcohol served at this event?    Yes  No

Type of Event:    University Activity     University Related Activity     External Event

Will third party general liability insurance be provided?    Yes  No

If "Yes", attach proof of insurance to this form.

Estimated Maximum Daily Attendance: \_\_\_\_\_

Transportation to Event:    Car     Bus     Shuttle     Other

**NOTE:** Based on the above information, the UNCSA Campus Police will contact you to discuss details and possible expenses as they apply to your event.

Yes  No

\_\_\_\_\_  
Requesting Dean or Department Head

\_\_\_\_\_  
Date

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Reviewed by

\_\_\_\_\_  
Campus Performance Facilities    Date

\_\_\_\_\_  
UNCSA Police Department    Date

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Approval Routing

Yes  No

\_\_\_\_\_  
Chief Financial Officer or their designated representative

\_\_\_\_\_  
Date

Yes  No

\_\_\_\_\_  
Provost or their designated representative

\_\_\_\_\_  
Date

## **On Campus Special Event ADDENDUM**

**Name of Event:** \_\_\_\_\_

**Additional Event Details:**