



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

Reviewed by

Campus Performance Facilities Date

UNCSA Police Department Date

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: