

PRE-EVENT/PROGRAM REQUEST FORM

Must be submitted along with the Risk Assessment Form to the OSL at least 2 weeks before Event

Name of Organization _____ Date Submitted _____

Title of Event/Program _____

Date of Event: _____ Time: From _____ To _____

Location Preferences _____ Approved Location (by OSL) _____

Room setup requests (tables, chairs, trash barrels, etc.) _____

Chair/Contact Person (name and email) _____

Brief Description of Event (Fundraiser, Conference, Social Activity, Program, Other) _____

Are other academic departments or student organizations involved? ____ Yes ____ No

If yes, name(s) departments or organizations _____

Number of expected attending guests _____

How do you plan to publicize this event? _____

How does this event promote the mission and purpose of your organization? _____

PRE-EVENT ESTIMATED BUDGET

The event cannot exceed \$50 of the estimated cost or the organization will be responsible for the difference.

Compensation for speaker: ____ Yes ____ No Honorarium amount \$ _____ Gift Amount \$ _____

Traveling costs for speaker:

Type of transportation _____ from (city) _____ estimated cost _____

Lodging: ____ Yes ____ No Number of Days _____ estimated cost _____

Food Expenses: Food \$ _____ Beverages \$ _____ Food supplies (plates, cups, etc.) \$ _____

Advertising Costs: \$ _____

Hall/Room Location Rental Costs: \$ _____

Decorations (including tablecloths, linens, and settings): \$ _____

Service Rental (DJ, waiters, etc.): \$ _____

Other expenses (please describe) \$ _____

Total Estimated Costs: \$ _____

Source of Funds: OSL (State funds) \$ _____ UT Foundation \$ _____ Other (identify) \$ _____

Submitted by _____ Signature: _____

Approved by: _____ Date _____

Director or Activities Coordinator Office of Student Life