

STUDENT ORGANIZATION EVENT PLANNING WORKSHEET

Bring this form completed to the Event Registration Meeting—Fridays at 10am, Campus Center Room 203

Today's Date: _____

Sponsoring Student Organization/Department:

Dept ID#:

1. _____

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2. _____

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Sponsoring Student Organization/Department Contact:

Primary Contact Name: _____

Tufts Email: _____

Secondary Contact Name: _____

Tufts Email: _____

Event Details:

Event Name: _____

Event Day and Date (i.e Monday, 1/19/18): _____

Start Time: _____

End Time: _____

Event Location: _____

Expected Attendance: _____

Audience (Circle):

Tufts Students (Tufts ID)

Tufts Students Plus One

City Wide Event (College ID/18+)

Tickets Contract: Yes / No

If Yes, Desired Selling Start Date: _____

Food: Yes / No

If Yes, Which You Will Be Using: Tufts Catering / Outside Catering

Services Needed:

Check all that apply:

- Facilities (tables, chairs, etc.) ***if checked please complete the next page***
- AV Needs (microphones, projector, etc.)
- Tufts Catering Needs
- TUPD Detail Officer
- Student Event Staff

- Please indicate purpose for Event Staff: _____

Event Registration Committee Only

Location/Service:	IDR/Confirmation #:
Cohen Auditorium	
51 Winthrop Street	
574 Boston Ave.	
Goddall Chapel/Interfaith Center	
Event Staff	
Catering/Dining	
TUPD	

Facilities Work Order Requests:

****Work Orders should only be submitted by OCL or Department staff****

Items Needed—Please list specific items needed, number of each, and preferred layout:

Item(s) & Type (i.e. cocktail tables, long 6 ft. tables)	Number Needed

Layout—Please specify how you would like the space to look:

Event Registration Committee Only

Work Order #: _____

Date Entered: _____