

STUDENT ORGANIZATION EVENT PLANNING WORKSHEET

Bring this completed form to the Event Registration Meeting – Fridays @ 10AM, Campus Center Room 203

Today's Date: _____

Student Organization/Sponsors:

- _____
- _____

Dept ID#:

TCU Funded Event?

Yes No

Primary Student Contact:

Name: _____ Phone: (____) _____
E-mail: _____

Advisor:

Name: _____
Phone: (____) _____

Secondary Contact: (Please provide a secondary contact in case we are unable to reach you)

Name: _____ Phone: (____) _____ E-mail: _____

Which contact will be present at the event? (Circle) First Second Both

Event Name: _____

Event Description: _____

Advertising: _____

Event Day and Date (i.e. Mon 1/30/17): _____ Event Location: _____

Event Start Time: _____ Event End Time: _____ Expected Attendance: _____

Audience (Circle):

Tufts Students (Tufts ID)

Tufts Students Plus One

City Wide Event (College ID/18+)

Special Guests (Guest List/Tix)

For events to be considered open to the Tufts Community only (and thus generally not require metal detecting equipment), the number of outside invited guests may not exceed 25.

GUEST LIST IS DUE TO OCL 48 HOURS PRIOR TO START OF Event

Admission Fee: _____ Tickets Sold (Circle All that Apply): Booth Online Door Ticket Contract: Yes No

I. Services Required

A. Event Staff: Yes No

B. Facilities Needs: Yes No

C. Catering Needs: Yes No

D. AV Needs: Yes No

E. TUPD: Yes No

IDR #: _____

Work Order #: _____

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Work Order #: _____

Confirmation #: _____

Events advertised and open to non-Tufts attendees that are not primarily a performance with seated audience, or requiring special security arrangements will require the use of metal detectors.

Metal Detector: Yes No

F. Other Needs: _____

IDR #: _____

For Event Registration Use Only

Event Registration Meeting Date: _____ Event Status (Circle): Approved Denied Pending

OCL Representative Signature: _____

Student Organization Meeting Representative _____

WORK ORDER REQUESTS

Dept ID: _____

I. Event Information

Event Name: _____ Event Location: _____

Event Date: _____ Event Start Time: _____ Event End Time: _____

Student Contact Name: _____ Email: _____

II. Facilities Request

Drop-Off Time: _____ Pick-Up Time: _____

Request (List items needed, number of each requested, and exact design/layout): _____

III. TUPD Request

Number of Guests: _____ Number of Officers: _____

For Office for Campus Life Use Only

Date Entered: _____ Entered by: _____

Work Order Number: _____