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:
1. ___________________________
2. ___________________________
   Dept ID#:

TCU Funded Event?
☐ ☐

Primary Student Contact:
Name: __________________________
E-mail: __________________________
Phone: (___)__________________

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        Other __________________________

Event Name: __________________________
Event Description: __________________________

Advertising: __________________________

Event Day and date: ________, ________
Event Location: __________________________

Event Start Time: __________________________
Event End Time: __________________________
Expected Attendance: __________________________

Audience (Circle): Tufts Students (Tufts ID)  Tufts Students PlusOne
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: ________
Fundraising? Yes ☐ No ☐

Please describe fundraising plans and all organizations proceeds will be going to: __________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________

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
F. Other Needs: __________________________

IDR # __________________________
Work Order # __________________________
IDR # __________________________
Work Order # __________________________
Confirmation # __________________________
IDR # __________________________

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

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: ___________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

IV. Additional Information

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

For Office for Campus Life Use Only

Date Entered: ________________ Entered by: ____________________________