

UNDERGRADUATE STUDENT GOVERNMENT EVENT MANAGEMENT

The following information must be submitted at least two weeks in advance of the date of your event. This form does not guarantee security coverage.

Contact Information

Name of Club/Organization/Team: _____

Contact Name: _____

Contact Telephone Number: _____

Contact Email: _____

Event Information

Name of Event: _____

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

Event Management Contract Time: Start: _____ End: _____

Location of Event: _____ Facility Reservation Made? Yes No

Number of Tickets Being Sold: _____ Are you selling tickets the night of the event? Yes No

Are you selling tickets the night of the event? Yes No

Description of Services: To be filled out by Event Management Director

	Quantity	Cost	Hour	Total
Event Management Staff (Tickets & Wristbands)				
Event Management Staff (Front Door)				
Event Management Staff (Back/Side Door)				
Event Management Supervisor				
Wristbands (Provided)		\$0.04/wristband	N/A	
Grand Total:				

Authorization:

Event Management Director: _____ Date: _____

For approval, the core four members of your organization (President, Vice President, Treasurer, Secretary) need to approve of the completed contract via email to the Event Management Director.