This form should be completed for any events that meet the criteria listed below. Submit this completed request at least one week prior (7 days) to your event, including all applicable signatures, to the Office of Student Leadership & Greek Life. You will be informed of the decision within two (2) days of the request; see the Decision Box located at the bottom of the page 4.

CONTACT INFORMATION —

Organization Host Name ________________________________________________________________

Co-host Organization _________________________________________________________________

Event Contact Person ________________________________________________________________

College email ________________________________________________________________

Mobile phone ______________________________

CRITERIA (check all that apply)

If any ONE of the following criteria is met, an Event Planning Form must be completed and returned to the Student Leadership Office (for all other clubs and organizations) at least fifteen (15) business days prior to the event. This allows time for proper response/adjustment of event plans, if necessary.

___ Alcohol will be present (submit and attach the Alcohol Event Planning Form).

___ Attendance will be in excess of three (3) times the organization’s membership (including members).

___ The event is equal to or greater than 10 miles from the campus.

___ The reservation of space and/or the request of campus services.

___ A contract(s) is signed with an outside company/group (including the College).

___ The event is co-sponsored by another group. ‘Co-Sponsored’ can be defined as any event where another group takes part in the planning, organizing, advertising, funding, operating, or monitoring of an event. Each participating organization must submit its own Event Planning Form.

GENERAL INFORMATION

Name/theme of event ________________________________________________________________

Date of event _____ month _____ day _____ year

Start time _______ am / pm  End time_________ am / pm  Duration __________________________

Event sponsor ____________________________________________  Event location ____________________________
Planned attendance: ____ members ____ alumni ____ dates ____ guests ______ TOTAL ________

Purpose of event/description of event and activities

____________________________________________________________________________________

Where will funding come from?

____________________________________________________________________________________

Will this be a fundraising event? __ no __ yes Will a contract be used? __ no __ yes

Will there be any special construction, alterations or decorations for this event? __ no __ yes, explain

____________________________________________________________________________________

How many times has this event been held in the past?

____________________________________________________________________________________

Have there been previous claims, injuries or incidents as a result of this event? __ no __ yes, explain in detail what occurred, and outline any changes that have been made to prevent a reoccurrence.

____________________________________________________________________________________

FACILITIES

What facilities will be utilized?

____________________________________________________________________________________

Will maintenance service be utilized? __ no __ yes, explain

____________________________________________________________________________________

RENTAL PROPERTY

Please list all types of property the organization will be renting, borrowing and/or using. Examples include: Real property (ballroom, hotel room, campus facilities, etc.) and Personal property (props, stereo equipment, etc.)

____________________________________________________________________________________

CROWD CONTROL/SECURITY

Arrangements have been made to use security services? __ no __ yes, complete the following:

Type of security: __ university/college __ hotel/motel __ professional

Name of security company

Security contact person/telephone

Total number of guards to be present

Hours of service: Start ______ am / pm End ______ am / pm

Possession of firearms by security personnel is prohibited. Have you made the security company aware of this and they will comply? __ yes __ no
ENTERTAINMENT AND FOOD

Will any entertainment services be used?  __ no  __ yes, what type (check below)?

   _ live band  _ professional DJ   _ chapter DJ  _ other ________________________________

What will be served? ________________________________________________________________

Who will provide the food? __________________________________________________________

CONTRACTS, AGREEMENTS, CERTIFICATES, & LICENSES

All contracts should be reviewed by legal counsel. Executing any contract, lease or rental agreement may obligate you, your organization and/or others for losses. No contract may be signed by any UVa-Wise organization without prior consultation with the Director of College Services.

• Are the event sponsors being required to sign ANY contacts, agreements, or other documents for this event?  __ no  __ yes, please attach copies of each

• Are any of the following services being used for this event? If yes, contracts outlining vendor duties and responsibilities must be attached for review.

   _ Security service  _ Professional bartender  _ Facility/property rental
   _ Entertainment  _ Transportation

• Has a certificate of insurance been obtained from each contracted third party (security services, professional bartenders, etc.) naming your organization, if applicable, as ‘additional insured’?  __ no  __ yes

EMERGENCY PROCEDURES

Are emergency services readily available at this function?  __ no  __ yes

Does this event contain any type of physical activity?  __ no  __ yes

   If YES to previous question, are professional emergency personnel going to be on-site for the duration of the event?  __ no  __ yes

Who will be responsible for contacting any of the following — emergency personnel, organization advisor, alumni representative, national representative (if applicable), organization legal counsel, and university officials — if the need for assistance arises?

Name ________________________________ Telephone ________________________________

Address __________________________________________________________________________

UVa-Wise General Event Planning Form - Page 3 of 4
COMPLIANCE

We are submitting this event plan to the Office of Student Leadership & Greek Life for review. We declare, to the best of our knowledge and belief that the statements set forth herein are true. On behalf of our organization, we understand that this form and said statements will be used as the basis for consideration of acceptance, rejection or to make recommendations concerning this event, and that this form is for advisory purposes only. The Office of Student Leadership & Greek Life is hereby authorized to make any investigation and inquiry desired concerning this event. Variations from the event described herein may adversely affect the sponsoring organization. Failure to comply with Risk Management Policies and Procedures will result in sanctions by the College and/or organization governing bodies.

Risk Management Chair _______________________________ Date ________
Organization President _______________________________ Date ________
Organization Advisor _________________________________ Date ________

-co-sponsored group signatures-

Risk Management Chair _______________________________ Date ________
Organization President _______________________________ Date ________
Organization Advisor _________________________________ Date ________

***FOR OFFICE USE ONLY***

☐ timely request ☐ form received
☐ form review & approved; organization notified

______________________________ ________________________
name date

☐ form review & denied; organization notified

______________________________ ________________________
name date

COMMENTS -