



# STUDENT ORGANIZATION GENERAL EVENT PLANNING FORM

*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 contracts, 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 insureds'?  
 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 \_\_\_\_\_

**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 \_\_\_\_\_

<b>***FOR OFFICE USE ONLY***</b>	
<input type="checkbox"/> timely request	<input type="checkbox"/> form received
<input type="checkbox"/> form review & approved; organization notified	_____ <i>name</i> _____ <i>date</i>
<input type="checkbox"/> form review & denied; organization notified	_____ <i>name</i> _____ <i>date</i>
<i>COMMENTS -</i>	