**REGISTRATION OF STUDENT ORGANIZATION EVENT**

Organization: _____

Date of event: _____ Time of event: _____

Location of event

☐ On-campus—where? _____

☐ Off-campus—where? _____

Type of event planned: _____

Advisor Name: _____ Phone: _____

Activities to take place: _____

_____

Food/Catering: _____

_____

Estimated Cost: _____

Student Life Funds or Agency Account: _____

Number of People Attending/Involved?
Students:_____ Faculty/Staff:_____ Officials/Guests:_____

Name of Invited Officials/Guests: _____

Advertising/publicity to be used: _____

Name of Person Submitting Form: _____