

# SRJC Student Affairs Office – Special Event Application

**Dance**  - **Live Performance**  - **Off-Campus Speaker**  - **\*Fund Raiser**  - **Other**

(Check all that apply; lead time of at least two months is required for special events; \*fundraisers require only two weeks)

Nature or Name of Event: \_\_\_\_\_

Event Date/Time: \_\_\_\_\_ Campus/Building/Room: \_\_\_\_\_

Event Purpose\*: \_\_\_\_\_

\_\_\_\_\_ Expected Attendance: \_\_\_\_\_

*\*The purpose and conduct of all events should align with the principles of the SRJC Mission Statement including: "promoting awareness of and maintaining sensitivity to ethnic, cultural and gender diversity within our student body, faculty, staff, administration, and course offerings;" "promoting and maintaining a safe learning and working environment;" and "contributing to the cultural life of our community by presenting enrichment opportunities to our students and community members" (<http://www.santarosa.edu/polman/1mission/1.1.pdf>).*

Names of Talent/Lecturer(s) \*\* : \_\_\_\_\_

\_\_\_\_\_

**\*\*An entertainment contract must be filled out for all paid performances, lectures and services (use SAO Performance Contract).**

Sponsoring Club/Organization/Department: \_\_\_\_\_

**Name of student representative in charge of event:** \_\_\_\_\_

Student's Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Name of Advisor:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Advisor's Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Additional Advisor(s)/Staff** (see below):

1. Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

*Note: The Advisor(s) whose signature(s) appear must be in attendance at the Event for its full duration. Advisors must be SRJC faculty or staff.*

Is the event open to the public? Yes  No ; will event be advertised off-campus?: Yes  No

Will *fundraising* occur at this event? Yes  No ; Estimated amount?: \_\_\_\_\_

For amounts over \$1,000, an SRJC Fund Raising Activity form should be used:

[http://www.santarosa.edu/for\\_students/student\\_affairs/forms/fund-raising-activity-form.pdf](http://www.santarosa.edu/for_students/student_affairs/forms/fund-raising-activity-form.pdf)

All funds must be deposited in a Club Trust or Associated Students account in the Student Affairs Office.

Will tickets be sold for this event? Yes  No ; Cost per: \$ \_\_\_\_\_; Estimated attendance?: \_\_\_\_\_

All food/beverage catering must be provided by **Fresh & Natural Food Service**. Any exceptions to this policy must be approved by F&N. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Will vendors be participating at this event? Yes  No ; If yes, please list items to be sold: \_\_\_\_\_

Will artist(s)/lecturer(s) be financially compensated?: Yes  No ; If yes, then **SAO Performance Contract** should be completed. Must submit IRS W-9 form prior to check issuance: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

**Administrative Review & Approvals:**

# of Advisors/Staff required to attend event: \_\_\_\_; SAO Signature: \_\_\_\_\_

Should an **SEA Addendum** be completed for detailed logistical, budgetary and safety information Yes  No

Has a **Facility Use Application/Room Request Form** been Completed? Yes  No ; initials \_\_\_\_\_

Have necessary **Service Request(s)** been completed? Yes  No , initials \_\_\_\_\_  
(includes tables/chairs/backdrops/BBQ/electricity/set-up/break-down/etc.)

Are **Police/Security Services** Required?: Yes  No ; If Yes, how many: \_\_\_\_; Describe any necessary protocols in SEA Addendum.

District Police Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Are **Media Services** Required?: Yes  No ; If Yes, describe any necessary protocols in SEA addendum.

Media Services Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Should the **Office of Business Services** review application? Yes  No , If Yes, Business Services must Agree all liability/risk management concerns are covered. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If off-campus speaker(s) are used, a consultation with other faculty/staff professionals is required.

Referral list: SAO staff initials: \_\_\_\_\_

- |          |                  |
|----------|------------------|
| 1. _____ | Signature: _____ |
| 2. _____ | Signature: _____ |

Suggestions/Remarks from consultation(s), please initial after comments: \_\_\_\_\_

**Final Approval(s):**

\_\_\_\_\_  
(Designated Student Affairs Advisor) (Date)

*\*By approving this event the signatory is agreeing that in his/her judgment, the event meets all SRJC policy and procedure standards.*

*Note: This application must be completed and submitted to the Student Affairs Office at least two (2) months prior to the event; or two (2) weeks prior for fundraisers. Any exceptions must get special approval from the Dean, Student Affairs.*

**Other Approvals** (as per Designated Student Affairs Advisor):

\_\_\_\_\_  
(Dean, Student Affairs & Engagement Programs) or (Date)  
(Dean, Student Services, Petaluma Campus)

Comments: \_\_\_\_\_

\_\_\_\_\_  
(Vice President, Student Services) or (Date)  
(Vice President, Petaluma Campus)

Comments: \_\_\_\_\_

**Forward to Office of the President for Review (initials/date):** \_\_\_\_/\_\_\_\_

Comments: \_\_\_\_\_