

Event Title: _____

Event Date: _____ Event Time: _____ Expected Attendance: _____

Event Location [Campus, Building, and Room]: _____

Event Purpose & Details: _____

Name(s) of Talent/Lecturers/Presenters: _____

Sponsoring Club/Organization/Department: _____

Name of Student Representative for event: _____ Signature: _____

Student Email: _____ Student Phone Number: _____

Name of Advisor for the event: _____ Signature: _____

Advisor Email: _____ Advisor Phone Number: _____

Additional Advisors [Optional]:

Name: _____ Signature: _____ Phone Number: _____

Name: _____ Signature: _____ Phone Number: _____

Note: The event must have an advisor present for its full duration. Advisors must be permanent employees of the Sonoma County Junior College District. Additional advisors may be required by the Office of Student Life after reviewing the application.

Is the event open to the public? Yes NoWill the event be advertised off-campus? Yes NoWill fundraising occur at this event? Yes No

Estimated Funds Raised: _____

Note: All funds raised must be deposited in an account held within the Office of Student Life or the Sonoma County Junior College District.

Will tickets be sold for this event? Yes No

What is the price per ticket? _____

Will food be provided at the event? Yes No

Note: All food and beverage catering must be provided by Fresh & Natural Food Service. Any exceptions to this policy must be approved by a Fresh & Natural Representative.

Are you requesting an exception to the catering policy? Yes No

Fresh & Natural Representative Signature: _____ Date: _____

Will vendors be participating in the event? Yes NoIf yes, which vendors will be present and what items will be sold? _____
_____Will the talent/lecturer/presenter be financially compensated? Yes No

Note: All compensation must be coordinated through the District's accounting system, which requires a contract, invoice, and W-9 completed by the talent/lecturer/presenter. It is strongly recommended to start this process a minimum of 30 days in advance of payment.

Has the event been scheduled in the Event Management System [EMS]? Yes No Reservation #: _____

Does the event require support from Facilities? Yes No If yes, has the layout been sent to Facilities? Yes No

Does the event require Media Services? Yes No If yes, has a request been sent to Media Services? Yes No

Does the event require additional equipment? Yes No If yes, has the equipment been requested? Yes No

Does the event require I.T. support? Yes No If yes, has a request been submitted to I.T.? Yes No

Does the event require additional security provided by District Police? Yes No

Describe any additional needs: _____

Note: If the Office of Student Life determines that this is a large impact event, additional approvals may be required.

----- **Office of Student Life Use Only** -----

Does the event require additional advisors? Yes No If yes, how many advisors are required? _____

Office of Student Life Approval:

Name: _____ Signature: _____ Date: _____

Does the event require additional approval from administration? Yes No

Senior Dean of Students: or Dean, Student Services, Petaluma:

Comments: _____

Name: _____ Signature: _____ Date: _____

Vice President, Business Services (or designee):

Comments: _____

Name: _____ Signature: _____ Date: _____

Vice President, Student Services (or designee) or Vice President, Petaluma Campus (or designee):

Comments: _____

Name: _____ Signature: _____ Date: _____

Office of the President (or designee):

Comments: _____

Name: _____ Signature: _____ Date: _____