

# EVENT REGISTRATION & FUNDING REQUEST FORM

- Due 2 weeks before the event -

## The Basics

Event Title: \_\_\_\_\_

Sponsoring Organization(s): \_\_\_\_\_

Check if event is being co-sponsored with another organization

\*Note that advisors of ALL sponsoring orgs must sign this form. If there are more than 2 groups, add another form.

If you checked the above box, please list and describe the involvement of each organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Event Description (be detailed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Event: \_\_\_\_\_ Setup Time: \_\_\_\_\_ Time of Event: \_\_\_\_\_ Ending: \_\_\_\_\_

Location of Event: \_\_\_\_\_ (Option 1) \_\_\_\_\_ (Option 2)

Check if event is being held off campus. If the organization is **requiring** students to attend this event off-campus, the advisor must turn in a written statement of approval to the OSA. Students may need to also fill out a waiver. See OSA for details.

Anticipated Attendance: \_\_\_\_\_ Target Audience: \_\_\_\_\_

### **Room Reservation**

If you ask for funding, a room reservation will not be requested until it has gone through Appropriations and the funding has been approved. If you do not ask for funding on this form and the event is approved, OSA will submit a room reservation request. The student's email address provided on the back of this form and the organization's advisor will both receive a notice that the request has been received. They will also receive an email notifying them when the room request has been approved/denied. Please allow five to seven working days for this to be processed. Should you have a question about this, please contact the OSA at \*6510 to speak with Jabari or Brandy.

Is the event open to all students? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will there be a charge to participate in the event? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how much? \_\_\_\_\_

Is the event a fundraiser? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is the purpose and how much does the organization anticipate raising? \_\_\_\_\_

## AUSA FUNDING

Are you requesting funds from AUSA for this event? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is the anticipated cost of the event? \_\_\_\_\_ How much are you requesting? \_\_\_\_\_

**AUSA FUNDING CONTINUED**

***If requesting funding from AUSA, please attach an itemized budget along with any contracts, invoices, cost estimates, brochures, etc.***

***\*\*\*The request will not be considered without this information\*\*\****

Once the event is approved, the funding request and itemized budget will be forwarded to the Appropriations Committee for review. The Appropriations Committee consists of the AUSA treasurer, two senate representatives, and two Organizations Council representatives. Funding requests are reviewed each week that school is in session. The decision of the committee will be reflected on the Student Organization Funding Request Processing Form (an internal form; your organization DOES NOT need to complete this form). A copy of this form will be delivered to your student organization mailbox.

Is this event a party, dance, or social? \_\_\_\_\_Yes \_\_\_\_\_No

*If yes, please review the Aurora University Dance and Party policy in the Student Organization Handbook and make arrangements to meet with a representative from Student Activities.*

Will you be using the following University services (please check all that apply with **DETAILED** descriptions of services needed):

\_\_\_\_\_ Sodexho catering: \_\_\_\_\_

\_\_\_\_\_ Room set-up: \_\_\_\_\_

\_\_\_\_\_ Campus security: \_\_\_\_\_

\_\_\_\_\_ Media services: \_\_\_\_\_

***Please note that the organization is responsible for following up with the above areas as well as any related costs associated with them.***

**Event Contact Person:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ AU Email Address: \_\_\_\_\_

**Advisor**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ AU Email Address: \_\_\_\_\_

If this event is co-sponsored, **advisor** of co-sponsoring organization must sign:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ AU Email Address: \_\_\_\_\_

--Office of Student Activities Use Only--

Event Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_ Director/Assistant Director of Student Activities: \_\_\_\_\_

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

Item	YES	NO	Date	Notes
Room Available/Reserved				
Funding Requested				
Funding Reviewed On				
Sodexho Needed/Contacted				
Set up Needed/Contacted	/	/		
Media Needed/Contacted	/	/		
Security Needed/Contacted	/	/		
Advisor Required at Event				