

Meeting and Event Registration & Funding Request Form

- Due 2 weeks before the event -

Check all that apply: ___ Meeting ___ Event ___ Community Service ___ Fundraising ___ Educational

___ Dance ___ Performance ___ Recognition Banquet ___ Co-Sponsored

**If this is a dance 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.*

Sponsoring Organization(s): _____

Date of Event/Meeting: _____ Setup Time: _____ Time of Event: _____ Ending: _____

- See below if this is a recurring meeting

Location: _____ (Option 1) _____ (Option 2)

Estimated Number of people attending: _____

If this is a meeting:

Will this be a recurring meeting? ___ yes ___ no

If yes how often will you meet? ___ once a week ___ once a month ___ twice a month ___ other

Please list **ALL** dates that you need this same time slot and location: _____

Damage of any location used for an event or meeting is the responsibility of the student organization.

If this is an event: (if this is a meeting skip to page 2)

Event Title: _____

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

If this is a co-sponsored event, please list and describe the involvement of each organization:

Event Description (be detailed): _____

Is the event open to all students? ___ Yes ___ No If not, Who is this event for? _____

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

If this is a fundraiser; what is the purpose, how much does the organization expect to raise and who benefits from this fundraiser?

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? _____

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******

Will you be using the following University services (please check all that apply with **DETAILED** descriptions of services needed. Also, if you are not sure of your needs, please see a staff member in Student Activities before turning in your form):

_____ Sodexo 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 /Organization Representative:

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: _____

OSA Use Only	
Date submitted to reservations: _____	
Date of response from reservations: _____	
Added to Calendar: _____	
Added to OSA Event/Meeting Spreadsheet: _____	
Risk Management Assessment Needed: _____	
Sent to Appropriations: _____	
Added to Food Request Spreadsheet: _____	
Approved: _____	Denied: _____
Pending: _____	
Staff Initials: _____	