FORM A - STUDENT ORGANIZATION EVENT REQUEST FORM

Organization Na	ame:					
Event Name:						
Event Start Time: End Time:						
Event Date:						
Event Type: Service Event	Meeting	Presentation	Fundraising	Social	Community	
	Other:					
Venue:	Allenwood	Library	HUB	Outdoors on-campus		
	Other:					
* Form B must be su	bmitted with Alle	nwood Request, Fo	orm C must be sub	mitted with any ot	her venue request.	
Anticipated Gue						
Theme:						
Estimated Costs	(completed it	emized budget d	attached):			
Student Organiz	zation Event (Coordinator Na	me:			
Email Address:		Pl	none Number:			
Student Organiz	zation Preside	ent Name:				
Email Address:		Pl	none Number:			
Description of E	vent:					
*Event requests n prior to the event		ted to student o	rganization fac	ulty advisory a	t least <u>three weeks</u>	
**Event coording week prior to the	-	vide a status rep	port to the facul	lty advisor <u>two</u>	weeks and one	
Data Form Race	ived by Feerl	ty Advisor:		Initial		