



CAMPUS EVENT APPROVAL FORM

Event Title: _____

Department/School Hosting Event: _____

Event Date(s): _____ Event Times: _____

Location on Campus: Building: _____ Room(s): _____

Age/Demographic of Guests (children, youth, senior citizens, etc.): _____

Expected Number of Attendees: _____ Will additional parking for off-campus guests be required? YES NO

Special Guest Speakers (if applicable): _____

Amount Budgeted for Event: _____ Total Estimated Cost: _____

Sponsors: _____

Food Services: _____ A/V Required: _____

Dean/Director Signature Date

DESCRIPTION OF EVENT OR ANY OTHER SPECIAL ACCOMMODATIONS



This form needs to be forwarded to the following: Chris Crawford Ryan Erwin Larry Northcutt Chase Stagers

Provost/Vice President for Academic Affairs Date

President Date