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: ____________________________________
___________________________________________________  ________________________________________
___________________________________________________  ________________________________________
___________________________________________________  ________________________________________

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?

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

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

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**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: ________________