EVENT REQUEST FORM

Today’s Date: _________

Instructions: Event Contact, fill out all of section 1 and submit to Institutional Sponsor for approval. You may be contacted for additional information. Also review Western State Colorado University Student Handbook, Policies and Standards of Conduct in the Student Handbook which can be found at http://www.western.edu/current-students/student-affairs/handbooks-and-policies.

SECTION 1a: EVENT INFORMATION

Event Name: ________________________________
Event Contact Name: __________________________ Email: __________________
Phone: __________________
Institutional Sponsor Name: _________________________ Email: __________________
Phone: __________________
Date of Event: ___________________________ Event Time (begin/end): __________________________
Attendance Expected: __________ Under 18 years of age: ____Yes ____No
Event Location: _______________________________
Will your event require?
• Waivers or Insurance? Yes____ No____
• Contractual Agreements? Yes____ No____
  o Note: Contracts MUST be approved and signed by Contracts only.

SECTION 1b: EVENT DESCRIPTION (Please be detailed)

SECTION 1c: DESCRIBE THE GOAL AND DESIRED OUTCOME OF THIS EVENT
All Sections below are required to be signed before approval of Event

SECTION 2: INSTITUTIONAL SPONSOR APPROVAL
By signing the below, “I fully understand and support this event, and hereby acknowledge that I have carefully reviewed or negotiated with all parties involved and departments to insure the safety of all attending and the wellbeing of Western State Colorado University”.
Do you recommend approval Yes__ No__
Comments:____________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
Institutional Sponsor Signature: __________________________ Date___________
Printed Name: __________________________

Institutional Sponsor, submit request to Vice President for Student Affairs (Taylor 301) for review and you may be contacted for additional information.

SECTION 3: VICE PRESIDENT FOR STUDENT AFFAIRS
“I have reviewed the above information (Sections 1 & 2)”.
Do you recommend approval? Yes___ No___
Comments:____________________________________________________________________________________________
_____________________________________________________________________________________________________
VP Signature ___________________________ Date___________
Gary Pierson

SECTION 4: FACILITIES DIRECTOR APPROVAL
“I have reviewed the above information (Sections 1, 2, & 3)”.
Do you recommend approval? Yes___ No___
Comments:____________________________________________________________________________________________
_____________________________________________________________________________________________________
Director Signature __________________________ Date___________
Loren White

SECTION 5: RISK MANAGEMENT APPROVAL
“I have reviewed the above information (Sections 1, 2, 3, and 4 and will provide comments below for required documents needed before the event”.
Do you recommend approval? Yes___ No___
Comments:____________________________________________________________________________________________
_____________________________________________________________________________________________________
Director of Business Operation Signature __________________________ Date___________
Sherry Ford

Once this form is complete, please return form with any additional documentation to the Institutional Sponsor to work with Event Contact.

If you have any questions please contact Sherry Ford at (970) 943-7052 or email sford@western.edu.