

EVENT DETAILS:

Definition of event is any activity not registered with the Registrar's Office that requires the use of college facilities.

Date of Event: _____ Description of Event: _____

Day of Event: _____ Number of People Expected: _____

Time of Event, Start: _____ End: _____ Is this part of an Academic Program? Yes No

Event Location: _____ If yes, Faculty Signature: _____

**** Confirmation of Space Reservation is required. ****

ORGANIZER:

The organizer is personally responsible for the space and will be held accountable for damages. Please review Space Regulations in Event Planning Guide.

Event Organizer: _____ Organization: _____

Address: _____ Type: Student Staff Faculty OR

City/State/Zip: _____ Outside Group: _____

Day Phone: _____ If MassArt Student, list Major / Class Year: _____

Evening Phone: _____ Grad Senior Junior Sophomore Freshman

Email: _____

PUBLICITY:

Will publicity for this event be distributed or broadcasted on campus? Yes No Off campus: Yes No

If yes, please describe: _____

Note: Publicity materials must be pre-approved well in advance of the event. If publicity is to be posted around campus, use boards or kiosks in the lobbies of various building and NOT on doors or windows.

FOR ON CAMPUS PUBLICITY APPROVAL:

Director of Student Activities & Programs Signature

FOR OFF CAMPUS PUBLICITY APPROVAL:

Director of Communications Signature

REVENUE COLLECTION:

Will funds be collected at this event? Yes No

Is this a Fundraiser? Yes No

If yes, what will the funds be used for and who will benefit?

If yes to either of these questions, see the Director of Student Activities & Programs for authorization.

Has a Revenue Collection Form been filled out? Yes No

FOR SGA EVENTS CO-SGA ADVISOR APPROVAL:

Co-Advisor, Student Government Association Signature

Director of Student Activities & Programs Signature

BEVERAGES / FOOD:

Will alcoholic beverages be served at the event? Yes No

If Yes, complete this section - If No, go to signatures section.

Amount of beer / wine: _____

Amount of non-alcoholic beverages: _____

Type / Amount of food: _____

Caterer or Server's name: _____

ID#: _____

Day Phone: _____

Server's Signature _____

Note for serving alcohol: Event Organizer must be able to show proof that the server is a professional bartender at least 5 days prior to the event.

As the Event Organizer, I agree to the following:

- A sign requiring proof of ID will be posted on the serving table at the event.
- Anyone who appears to be under the influence of alcohol should be reported to Public Safety immediately.

EQUIPMENT NEEDS:

Equipment needs: *(tables, chairs, trash barrels, etc.)*

Special Maintainer required? Yes No

Assistant Director, Facilities date

Special Public Safety Officer required? Yes No

Detail (4 Hour Minimum) will be paid by: *(contact person, organization or dept. & phone number)* _____

Other Special Considerations: *(lights, ventilation, electrical requirements)* must be requested and approved by Howie Larosee, Director of Facilities located on the 4th Floor, Tower.

SIGNATURES FOR APPROVAL:

All signatures must be obtained in the order listed below 5 days prior to the event.

Organizer date

Director, Student Activities & Programs date

Chief, Public Safety date

Director, Public Space Rental / Scheduling date

Co-Advisor, SGA (Required for SGA events) date

Director, Special Events date

Copies to: Student Activities Programs, Public Safety, Facilities, Events Planning, Special Events, SGA, and Organizer

EVENT CANCELLATION POLICY: In order to cancel this event, the organizer must send an email to ediccico@massart.edu 48 hours in advance of the event date and time. Failure to do so may result in financial obligations.