

**CENTER FOR STUDENT INVOLVEMENT
EVENT PLANNING & SCHEDULING FORM FOR CLUBS & ORGANIZATIONS**

****This form MUST be fully completed & approved, a minimum of 4 weeks in advance for any club/org event (except for regular club/org meetings) or travel. There are no exceptions.****

(Please print clearly)

SCHEDULING INFORMATION

Date(s) of Activity _____ Sponsoring Club/Org _____

Event Start Time: _____ AM / PM Event End Time _____ AM / PM

Space Access needed from _____ AM / PM until _____ AM / PM

Name and Description of Event/Travel _____ Estimated Attendance _____

How does this event/travel advance the mission of your club/org at Harper College?

How does this event/travel benefit your club/org and/or Harper College?

Location of Activity: 1st Choice _____ 2nd Choice _____

Event Contact _____ Email _ Phone _____

_____ Alternate Number _____

Are you serving/selling Food? YES / NO (please circle) If yes, Vendor Name _____

Please list any AV or Equipment Needs (*Student Involvement Coordinator liaison will submit all requests*):

FINANCIAL INFORMATION

Will money be spent? YES / NO

Will money be collected? YES / NO

Will items be sold? YES / NO

Will contract(s) be involved? YES / NO

Will an admission fee(s) be charged? YES / NO

If yes, price per person: \$ _____/person

BUDGET INFORMATION

Projected Income \$ _____

Projected Expenses \$ _____

Current Balance in Club/Org Account \$ _____

(CONTINUED ON BACK)

**Student Involvement
A336 • 847.925.6242**

IMPORTANT: The following signature indicates that the advisor has agreed to the terms for approval of an event. The advisor or faculty/staff proxy will be present at the entire event, will be responsible for any money management and cash handling at the event and for the deposit of all funds under the guidelines of the Business Office.

Advisor Name _____ Signature _____ Date _____

Advisor Contact Information: Email _____ Phone _____

NOTE: All generated funds must be deposited into the club/organization Harper College Account in the Business Office, A214 immediately following the conclusion of the event, unless other arrangements have been made with a Business Office representative.

WHEN COMPLETE, SUBMIT FORM TO STUDENT INVOLVEMENT, A336

OR SUBMIT VIA INNER OFFICE MAIL TO: CSI (A336) – Event Scheduling Request

For Office Use Only. Do Not Write Below This Line.

Signatures are required to receive approval for the event.

Form Received by _____ Date _____

Center for Student Involvement, A336

Student Involvement Coordinator/Director Approval _____ Date _____

Signature

Coordinator/Director sent event information to Marketing & Staff _____ Date _____

Initials

Coordinator/Director submitted FAMIS request _____ Date _____

Initials

Coordinator/Director submitted AV request _____ Date _____

Initials

Is there a need for extra security? YES / NO

Explanation _____

Student Assistant added event to Outlook Shared Calendar _____ Date _____

Initials

Student Assistant filed form in Event Binder _____ Date _____

Initials