



Student Organization Event Request Form

submit completed form to melissa.mundt@valpo.edu

Date Submitted:

Proposer Organization Name:

Organization Member In Charge of Event :

Name Phone Email

Proposed Event Title:

Proposed Event Description:

Event Objective:

Proposed Event Date, Location and Time (start and end):

Date Location Time

Target Audience:

Anticipated Cost:

Funding Source:

TO BE COMPLETED BY COMMITTEE:

Date Reviewed:

Event Date, Location and Time:

Date Location Time

Event Placed on Master Calendar:

Budgeted Amount and Account Number:

Amount Account Number

Administrative Contact (If Applicable):

Contact IT two weeks prior to event if A/V equipment is needed (microphones, projectors, etc.):

Notes:

MUST ADHERE TO ALCOHOL POLICY

Event Approved: Yes No