

Date Submitted for Review: _____



Reason for Submission

- Facility Use Request
- Request for Funds
- Advisor Required
- Seeking Risk Management Review
- Other _____

EVENT PLANNING FORM

ONE KEY TO A SUCCESSFUL EVENT IS GOOD PLANNING. THIS PRE-EVENT PLANNING FORM PROVIDES YOUR ORGANIZATION WITH A SERIES OF QUESTIONS TO CONSIDER PRIOR TO ENGAGING IN AN ACTIVITY. REMEMBER YOUR ADVISOR SHOULD BE PART OF THE PLANNING PROCESS FOR ANY EVENT HOSTED BY YOUR ORGANIZATION.

★ Please keep in mind that all activities should be consistent with university policies, and procedures as well as the mission/purpose of your organization. ★

Event Name: _____

Individual(s) Responsible for Coordinating Event _____

Name	Position
Email	Phone Number

Date: _____
 (Make sure that you have consulted the university calendar www.asu.edu/calendar/ to determine if the date is available and is an appropriate time for hosting this type of event)

Advisor Contact Info: _____

Name	Email	Phone Number
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Location: _____

Backup Location (if needed): _____

Start time: _____ End time: _____

Type of Event:

- | | | | |
|--|---|----------------------------------|--|
| <input type="checkbox"/> Concert | <input type="checkbox"/> Conference/Seminar | <input type="checkbox"/> Speaker | <input type="checkbox"/> Social Activity |
| <input type="checkbox"/> Sports/Competitions | <input type="checkbox"/> Other _____ | | |

Number of People attending (estimate): _____

How does this event/activity promote the mission of the organization/department and ASU?

In order to allow for optimal planning of your event as well as any necessary reviews it is suggested that this form be completed no less than two weeks prior to your event. Keep in mind that additional forms may need to be completed prior to your event for more information see.

<http://www.asu.edu/clubs/sorc>