

Office of Student Life EVENT REGISTRATION FORM

Date of Application _____

Sponsoring Organization _____ Campus _____

Title of Event _____

***Date(s)/Time(s) of Event**

*If the event is a conference, indicate departure/return date(s) and time(s).

Briefly describe event

Location of Event:

On Campus Location Name/Room # _____

Off Campus Location Name _____

Address _____

City _____ State _____ Zip Code _____

Means of Travel _____

Equipment/Facilities/Services Requested (tables, rooms, catering, etc.)

If the event is a fundraiser, list items to be sold and their prices.

Type of Event: (check appropriate box)

- Conference Community/Service Project Cultural Event
 Fundraiser Recruitment/Information Table Raffles
 Meetings Social Event Speaker
 Other: _____

Event is open to: (check more than one if applicable)

- Organization members/advisors General Public
 MATC Students MATC employees

If applicable, will the event require an admission/registration fee?

No Yes: what is the fee? _____

If applicable, how is the event to be funded?

If the event is a raffle, list the following information:

Ticket Prices _____

Drawing Date _____ **Drawing Time** _____

Drawing Location _____

Items to be raffled

Provide information below for MATC employees(s) (advisors) responsible for supervising the event (one per 75 participants):

Name	Email	Phone

As the STUDENT EVENT CHAIRPERSON, I am aware that I and the organization I represent are responsible for the coordination, execution, cleanup, and participants' conduct for the event, as well as for any expenses incurred. I am also aware that by signing this form, MATC has permission to take and post photos of this event.

Chairperson Print Name Phone Email Signature

I, the STUDENT ORGANIZATION ADVISOR, am familiar with the event herein described and hereby approve of it.

Advisor Print Name Phone Email Signature

----- DO NOT WRITE BELOW THIS LINE -----

Registration Accepted/Denied by _____ Date _____

Comments