



Nicholls State University

Student Activities and Fundraiser Request

GOLD FORM

Individuals needing ADA accommodations contact (985) 448-4783 or visit www.nicholls.edu/ada

____ New Request

____ Revised Request

**** Submit to the Reservations Office in Student Life 2 WEEKS before the event. ****

Name of Organization _____	Today's Date ____/____/____
Contact Person _____	Phone _____ Email _____
Campus/Local _____	Campus Advisor _____ Phone _____

Name of Event: _____ Estimated Attendance: _____

Type of Event: Lobby Table Bake Sale Meeting/Lecture Banquet/Awards Ceremony Fundraiser Other _____

1st Date Preference: _____ 2nd Date Preference: _____

Is this request for a recurring event (multiple dates)? No Yes If YES, please list all event dates in detailed description.

Indicate Event Location: Off-Campus - Complete the "OFF-CAMPUS" Activity Request Form (obtain from the Student Life Office)

On-Campus - Building/Room: (1st Choice) _____ (2nd Choice) _____

Event Start Time: _____ Event End Time: _____ Set-up Time: _____ Clean-up Time: _____

Event Participants: (check all that apply) Organization Members Only On-Campus Community Off-Campus Public

Will there be ticket sales? No Yes, \$ _____ charged for pre-sale tickets and \$ _____ charged for gate tickets.

How will funds be used? _____

Do you want this event listed on the university master calendar (nicholls.edu/calendar) Yes No

Event Description: _____

Indicate Set-up:

Theater/Classroom	Square	U-Shape	Workshop	Banquet Round	Banquet Long

List set-up and audio visual needs: _____

Will food and/or beverage be served? No Yes** If yes, will alcohol be served? No Yes**

**Sodexo must provide services for events open to participants other than your organization's members and when alcohol is served.

Have you contacted Sodexo Food Services? Yes No

Provide a complete description of food/beverage planned for the event: _____

By signing below, I agree to abide by all policies governing the use of facilities at Nicholls State University:

_____ Organization President or Representative (Required)	_____ Date	_____ Faculty/Staff Advisor (Required)	_____ Date
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APPROVAL PROCESS

After chain of command approvals are obtained, submit this form to the Reservations Office at least two weeks prior to the event date. The Reservations Office will continue the routing process (including the Calendar Review Board if needed). Once all approvals are obtained, you will receive an email stating that the event is "CONFIRMED." You may begin advertising once the event is CONFIRMED.

_____ Student Life Officer	_____ Date	_____ Reservations Office	_____ Date
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ROUTING: _____ MAINTENANCE _____ GROUNDS _____ UNIVERSITY POLICE _____ 3RD PARTY LOCATION