Student Organization “OFF-CAMPUS” Activity Request Form

Please fill this form completely. All signatures (Chapter President, Advisor and Owner/Manager of Business) are required before the form is submitted for consideration. It may not be considered if it is within two (2) weeks of the event. The Event must be APPROVED before any advertising or solicitation begins.

Organization ___________________________ Date Submitted _______________________

Contact Person _________________________ Telephone _______________________

Email Address __________________________

Name of Event ___________________________ Type of Event (check one)

Date of Event _____________________________ ◯ Dance/Party/Social

Start Time __________ End Time ____________ ◯ Meeting

Location ________________________________ ◯ Retreat/Ritual Ceremony

Address ________________________________ ◯ Fundraiser

If event is a fundraiser, how will the profits be used? ________________________________ ◯ Sporting Event

☐ Other ________________________________

This event is (check one)

☐ Open to the public (this type of event cannot be held at “nightclubs, bars, or saloons”)

☐ Closed (invitation only – business is closed to the public and guest list policy is in effect)

☐ For chapter members and/or advisors only

Will alcohol be served at this event? If yes, guest checklist must be attached to this document.

☐ Yes If yes, licensed person or business providing the alcohol __________________________

☐ No

*If alcohol is being served a guest list must be turned into the Student Life Office 48 hours prior to the event. Organizational rosters do not constitute guest lists.

Name and number of Police Officer who will be providing security for this event __________________________

Name and number of F.I.P.G who will be attending this event __________________________

Name and number of F.I.P.G who will be attending this event __________________________

Name and number of Chapter’s Risk Manager __________________________

REQUwED SIGNATURES

Chapter President ___________________________ Executive Director of Nicholls Foundation (fundraisers)

Chapter Advisor ___________________________ Greek Life Advisor/Dean of Student Life

Manager/Owner of Business ___________________________ Manager/Owner contact phone number

January 22, 2015