

Student Organization Special Events Request Form

Today's Date: _____ Org. Account Number: X _____ Event Day and Date: _____

Student Organization Name: _____ Event Name: _____

What is the purpose of this event? _____

Please briefly describe your vision for this event: _____

Please fill in each box below to determine the overall risk level of your event, and indicate by circling the correct option.

Audience	Expected Number Attending: _____ Points: _____ 0-200 = 0 pts. 201-350 = 4 pts. 351+ = 8 pts.	Affiliation with EMU: EMU Students Only? Y N Invited Guests? Y N Open to Public? Y N Points: _____ 50+ guests/open to public = 6 pts.		Total Audience Risk Points _____
Presence of Cash and Valuables	Ticketed: Do you plan to sell tickets? Y N Points: _____ No tickets = 0 pts., Ticketed = 6 pts., Ticketed w/\$1000 + sales = 8 pts.	Prizes: Do you plan to have prizes on site? Y N Points: _____ None = 0 pts. Cash/Prizes on site = 2 pts. Cash/Prizes <\$1000 = 8 pts.	Equipment: Will audio/visual equipment be used? Y N Points: _____ No equipment = 0 pts. Instrum./Equip. >\$5000 = 2 pts. Instrum/Equip.<\$5000 = 4 pts.	Total Cash Valuables Risk Points _____
Timing	Time of Day: Desired Facility Access Time: _____ Event Start Time: _____ Event End Time: _____ Points: _____ 8 am – 8 pm = 0 pts Occurs/cont. after 8 pm = 6 pts. Occurs/cont. after 11 pm = 10 pts.	Day of Week: Requested Event Date is : Sun Mon Tues Weds Thurs Fri Sat Points: _____ Sun-Weds = 0 pts Thurs/Fri 8 am-8 pm = 0 pts. Thurs, Fri, Sat night = 2 pts. University closure = 10 pts.	Location: Building (circle one): EMU Student Center RecIM Center Univ. Park/Lakehouse Pease Aud. Convo. Center MLK Gardens Roosevelt Steps Points: _____ Buildings above = 0 pts. Other locations = 10 pts. University Pool = 10 pts	Total Timing Risk Points _____ Total Location Risk Points _____
Nature of Event	Type of Event (circle one): Ceremony Date Auction Lecture/Panel Recruitment Competition Dinner/Dance Workshop Conference Performance Luncheon Probate Show Fashion/Talent Show Room Set Up (circle one): Theatre Style Classroom Rounders Open Floor Space Combination Points: _____ All seating = 0 pts. Some seating/some free movement = 4 pts. No seating = 8 pts.	Format of Program: Does your program have: Emcee Y N Formal start/end time Y N Presentation/speakers Y N Seating Y N Points: _____ Formally structured event = 0 pts. Somewhat structured event = 2 pts. No structured program = 4 pts.	Competition/Controversy: Controversial subject Y N Competitive Y N Points: _____ No competition or controversy = 0 pts., Competitive = 4 pts. Likely/anticipated controversy = 8 pts. INSURANCE AUTOMATICALLY REQUIRED FOR: <ul style="list-style-type: none"> • Swimming • Inflatables • High Risk Events 	Total Nature of Event Points _____
Food	Do you plan to serve food? Y N	Do you plan to request special permission to use an external vendor? Y N		Total Food Risk Pts. _____

		Points: _____ EMU Catering = 0 pts. External Vendor = 6 pts.		
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This event risk level appears to be: Low Risk (No more than 15 points) Medium Risk (15-29 pts) High Risk (30+ pts.)

Note: Additional points will be added for past history of unrealistic planning, violent conduct or other incidents by the organization or its members.

I warrant I have the authority to make this agreement on behalf of my organization. I also warrant that by completing and submitting this form, my student organization understands and agrees to abide by the terms and conditions of the EMU Student Organization Special Events Policy, the EMU Student Code of Conduct and all applicable federal, state and local laws. I acknowledge that my organization will accept full responsibility for timely payment (within 30 days of event date) of all university charges associated with this event. On behalf of the student organization named above, I warrant that my student organization and its members are not acting as official entities of the university and I agree to defend, indemnify and hold harmless EMU, its employees, agents and students from any and all liability which may incur arising directly or indirectly from my student organization's hosting of this event.

Stud. Org. President

Signature: _____ **Name:** _____ **Phone #:** _____
Email: _____ **EID #:** _____

Event Primary Contact

Signature: _____ **Name:** _____ **Phone #:** _____
Email: _____ **EID #:** _____

Faculty/Staff Advisor (required - medium & high risk events)

Signature: _____ **Name:** _____ **Phone #:** _____
Email: _____ **EID #:** _____

FOR OFFICE USE ONLY:			
Submission Date: _____	Date Reviewed by SERC: _____		
Event Approval Status: _____	Notification Date to Org.: _____	Initials: _____	
Number of DPS Officers Required: _____	Estimated DPS Cost: _____	Deposit Paid: _____	
Date of first follow up appointment with facility manager: _____	Did org. attend meeting? _____		
Date of final pre-event meeting: _____	Did org. attend meeting? _____		

Updated on 3/23/2011