

EVENT APPROVAL REQUEST

Office of Leadership Activities

University of the Incarnate Word
4301 Broadway CPO #306 San Antonio, Texas 78209
(210) 829-6034 office (210) 283-5023 fax

The purpose of completing this form is to: (1) help begin the planning process, (2) schedule the event with the appropriate offices, (3) insure that space is reserved and (4) obtain appropriate approvals. Form must be submitted to the Office of Leadership Activities at least one week prior to the scheduled event. If the proposed event requires Special Events set-up, this form must be submitted no later than two weeks prior to the event. Events that serve alcohol must request for a campus permit and TABC permit at least two weeks prior to the event.

***A \$15 fine will be implemented if your paperwork is turned in less than one week prior to the event.**

ORGANIZATION INFORMATION

Name of Organization: _____

Contact Person: _____

Phone Number: _____ Email: _____

EVENT INFORMATION

Title of the Event/Activity: _____

Date of Event: _____ Start Time: _____ End Time: _____

Alternative Date of Event: _____ Start Time: _____ End Time: _____

Room requested from _____ to _____ for set-up and clean-up

Target Audience _____ Off-Campus Guests? Yes No Expected Attendance: _____

Description of Event: _____

If event involves activities which may increase the potential for risk, as determined by the Office of Leadership Activities, Waiver of Liability for all participants must also be submitted.

Where will the event be held? On-campus Off-campus

Location: _____

Special Events must approve Marian Ballroom, Burke O'Mahoney and tables and chairs set-ups.

Physical Address: _____

Estimated Cost of Event: \$ _____ Source of Funding: _____

Admission Charge: \$ _____

FOOD & BEVERAGES Sodexo Catering has the Right of First Refusal for UIW events: (210) 829-5011

Will food/beverages be served? Yes No

If YES, list the items being served: _____

Source of food/beverage: _____

Price to be charged for food/beverage: _____

Will alcohol be served at this event? Yes No If YES, an Alcoholic Beverage Activity Permit must be completed

Will your event be hosted at an establishment that serves alcohol? Yes No

If YES, an Alcoholic Beverage Activity Permit must be completed

EQUIPMENT & SERVICES NEEDED

Campus Police (210) 829-6030
Grounds Equipment (210) 829-6047 *(Greenery, trash cans)*
Media Services Equipment (210) 829-3945 *(3 weeks notice for TV, VCR, DVD, CD player, PA system, etc.)*
<http://support.uiwtx.edu/InstructionalTechnology/events.htm>
Sodexo Catering (210) 829-5011

Special Events Equipment (210) 829-6045 *(2 weeks notice, Event Approval Request must be delivered to the office)*
Round Tables: _____ Rectangular Tables: _____ Chairs: _____
Instructions for Room Set-Up: _____

OFF-CAMPUS EVENT *(A Hold Harmless for is needed for all participants)*

Will transportation be provided by the organization or university? Yes No
Will event be out of town or over-night? Yes No

Mode of Transportation: _____

Driver's Name: _____

*If an outside company provides transportation list address and phone number.

Company's Name: _____

Address: _____ Phone Number: _____

Organization leaders/sponsors agree to insure that all drivers 21 years older are licensed to drive the vehicles for the event and that all participants wear seat belts when provided. The driver must provide proof of insurance if a personally owned vehicle is to be operated. Seat belts must be provided for each passenger and must be worn, unless riding in an approved bus without seatbelts.

Lodging Accommodations: _____

Address: _____

Phone Number: _____

Time/Place of Departure: _____

Time/Place of Return to UIW: _____

**** Please attach an itinerary of the trip. ****

Waivers of Liability (Hold Harmless Forms) for all participants must be on file in the Office of Campus Life prior to the event.

List the names of faculty/staff advisors who will be in attendance on the excursion: _____

CAMPUS LIFE ROOM RESERVATION – The following locations must be pre-approved through the appropriate Campus Life office. Please make your own arrangements for approval; the form can be obtained in all office locations.

Gathering Room	Campus Ministry	829-3128
Chapel Building Conference Room	Counseling	829-3126
Dubuis Lounge	Residence Life	829-6034
Student Center Conference Room	Student Center & Leadership Activities	841-7360
Student Center Lounge	Student Center & Leadership Activities	841-7360

ORGANIZATION ACKNOWLEDGEMENT

We, the undersigned, certify that we are representatives of the above named registered student organization and that the event specified will be held in accordance with all federal, state and local laws or regulations regarding such events. Further, we assume collective and individual responsibility for the orderly conduct of the event in accordance with UIW policies.

President Name: _____

Phone Number: _____ **Email:** _____

Signature: _____ **Date:** _____

Advisor Name: _____

Phone Number: _____ **Email:** _____

Signature: _____ **Date:** _____

Event Approval/Denial		
_____ Student Organizations & Greek Life Coordinator	_____ Approved/Denied	_____ Date
_____ Director of Student Center & Leadership Activities	_____ Approved/Denied	_____ Date
_____ Director of Special Events	_____ Approved/Denied	_____ Date
Comments: _____		