



Event Planning Form

This form must be completed and returned at least 3 weeks prior to the event date.

Name of requesting club, program, or department: _____

Type of Organization: _____

Name of Event: _____

Description of activity:

- | | | |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Meeting | <input type="checkbox"/> Lecturer/Speaker | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Performance | <input type="checkbox"/> Sports event | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Dinner | <input type="checkbox"/> Concert | |

Is the activity open to the public? ☐ Yes ☐ No

Will anything be offered for sale? ☐ Yes ☐ No

Will there be any paid participants? ☐ Yes ☐ No

Will alcohol be served at your event? ☐ Yes ☐ No

Will the alcohol be provided through a catering service? ☐ Yes ☐ No

If no, have you applied for a [Daily License](#) (Special one-day event permit) [\[instructions\]](#)?

☐ Yes ☐ No, I will be applying on _____ (must be 10 days prior to event)

Amount charged (if any): \$ _____

How will proceeds be used? _____

Expected number of attendees: _____

Date of event: _____ Start time: _____ End time: _____

Number of event occurrences: _____

Primary contact: _____

Contact phone #: _____ Email address: _____

Request is hereby made for use of the following facility(ies). Please check and, if applicable, identify location below.

- | | | |
|--|--|---|
| <input type="checkbox"/> Student Center | <input type="checkbox"/> Gymnasium | <input type="checkbox"/> Soccer Field |
| <input type="checkbox"/> Classroom _____ | <input type="checkbox"/> Locker Rooms | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Conference Room _____ | <input type="checkbox"/> Tennis Courts | <input type="checkbox"/> Sculpture Garden |
| <input type="checkbox"/> Lecture Center | <input type="checkbox"/> Baseball/Softball Field | <input type="checkbox"/> West Lawn Area |



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- ☐ Fountain Courtyard
☐ Other: _____

Alternate location in case of inclement weather: _____

Certificate of Insurance: One million (\$1,000,000) minimum liability required. The certificate must identify Cerro Coso Community College as additional insured and be accompanied by an endorsement.

☐ Copy Received ☐ Pending Receipt Name of Insurance Company: _____

SET UP NEEDS:

None

Tables How many? (round) _____ (rectangle) _____

Chairs How many? _____

Trash can How many? _____

Podium

Technology Needs: Microphone Projector & Screen Laptop DVD Player Music
(Evening and weekend tech support is limited, please arrange for training prior to the event)

Other: _____

CAMPUS SECURITY:

Unlock facility at: _____ AM PM

Re-lock facility at: _____ AM PM

Events held later in the evening or on weekends may require additional security for the safety of our students and the liability of the College. Events may also require proof of insurance as deemed necessary.

PUBLICITY: *PUBLICITY REQUEST REQUIRED* <http://surveys.cerrocoso.edu/content/publicity-request>

College event: Internal publicity only ☐

College and community event: Internal and external publicity ☐



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Photographic coverage requested: Yes ☐ No ☐

Comments:

APPROVAL: Please sign and forward to department assistant for approvals

Initiator signature