



STUDENT AFFAIRS
STUDENT ENGAGEMENT
AND CAMPUS LIFE
VIRGINIA TECH.

Event Services

221 Squires Student Center
540.231.5005 | eventservices@vt.edu

Reservation# <i>(office use only):</i>	
Form Accepted By <i>(office use only):</i>	
Date Received <i>(office use only):</i>	
Event Planning Advisor <i>(office use only):</i>	

Last Updated: 07/2019 SS

Student Engagement and Campus Life Security Form

Sponsor Required to Submit Sponsor Requesting Security at Event - Number of Officers Requested: _____

Sponsoring Org/Department Requesting: _____

Name of Student Org Faculty/Staff Advisor (if applicable): _____

Authorized Contact: _____

[From a University Department or a currently registered student organization]

Phone: _____ **E-mail:** _____

Mailing Address: _____

[Please provide mail code when applicable]

On-Site Contact: _____

[The person who will be present for the event duration at the event location]

Cell Phone: _____ **E-mail:** _____

Event Title: _____

Event Type:

- Concert Festival Meeting Tournament/Competition
- Conference Film Recreational Activity Other (specify): _____
- Dance Meal/Reception/Banquet Social

Brief Event Description:

Event Location: _____

Event Date: _____ **Event Time:** _____ until _____

Anticipated Number of Event Attendees: _____ **Will Alcoholic Beverages Be served?** Yes No

- Event is:**
- Restricted to a targeted audience/Department/Organization: _____
 - Open only to all members of the Virginia Tech Campus Community (faculty/staff/students)
 - Open to the general public

As an authorized representative of a University student organization/department, my signing this form below indicates that I have read, understand, and will adhere to applicable University policies (including, but not limited to those stated above), and state laws. My organization/department's failure to do so may result in the loss of event approval and/or further sanctioning.

Signature of Authorized Contact: _____ **Date:** _____

FOR OFFICE USE ONLY:

- Security form received and recorded by the Event Planning Office on (date): _____ by _____
- Screening made by the Assistant Director of Events and Operations Approved Denied
- Signature of Assistant Director of Event Services:* _____ *Date:* _____
- If approved, sent to the Virginia Police Department on (date): _____ via email via campus mail

FOR OFFICE USE ONLY (if alcohol will be a part of the event):

- Alcohol form received and recorded by the Event Planning Office on (date): _____ by _____
- The request meets the basic University Alcohol Policy? Yes No
- A copy of the ABC license has been received? Yes No
- Screening made by the Assistant Director of Events and Operations Approved Denied
- Signature of Assistant Director of Events and Operations:* _____ *Date:* _____
- If approved, sent to the Virginia Police Department on (date): _____ via email via campus mail

FOR COMPLETION BY THE VIRGINIA TECH POLICE DEPARTMENT (SECURITY):

The following security provision has been deemed necessary for the requested event:

- No Security Required
- Security is required, but is **DENIED** for the following reason(s): _____
- Rhino Required – Number of house managers/security personnel needed: _____
- Security Required – Number of officers required/assigned to the event: _____

Officer(s) are scheduled to staff the request event, at the indicated location beginning at _____ until _____

[Note: A Service Agreement and Payment must be filed with VTPD a minimum of 72 hours prior to the event]

Signature of Representative of Virginia Tech Police Department: _____ *Date:* _____

NOTES: