

Revised 10/27/2009

Elon University Event Registration Form

**** Due to the Moseley Front Desk no less than 1 week before event. This form does not confirm your space****
You will receive an email confirmation when all space(s) and resources(s) have been assigned.

Today's Date: _____ Event Name: _____

Event Date(s): _____ Day(s) of Week: _____ Expected Attendance at Event: _____

Set-up Time: _____ Take-down Time: _____ Start Time: _____ End Time: _____

Desired Location: _____ Rain Location: _____

Student Contact Name: _____ Sponsoring Organization/Department/Class: _____

Cell Phone: _____ E-mail: _____

Advisor Name: _____ Phone: _____ E-mail: _____

Event Type: Table in Moseley Speaker Philanthropy Event/Fundraiser Special Event Other _____

You are **required** to provide a detailed description of the event and the purpose for holding the event. Please provide any other information relevant to your event: _____

Please check if you need the following resources for your event. **It is required to request additional setup and take down times for resources. You must contact the resource providers in order to confirm your specific event needs.**

- Events Technology (sound system, projector, microphone, etc) No Yes, call 336-278-6521
- Aramark (catered meal, box lunch, reception, etc) No Yes, call 336-278-5330/336-278-5335
- Moving and Setup (specific room setup with tables, chairs, stages, etc) No Yes, call 336-278-5500
- Environmental Services (custodial or additional resources for clean up, etc) No Yes, call 336-278-5500
- Landscaping (all outside events will need approval from Tom Flood) No Yes, email tflood2@elon.edu

Please explain your event needs (attach an additional sheet with layout if necessary):

- Will there be food present at this event? No Yes (**All catered food and meals must be provided by Aramark**)
Please give detail about the food to be served: _____
- Is this a co-sponsored event? No Yes (**All co-sponsored events must complete an agreement form available in the Office of Student Activities. Contact Janis Baughman at 278-7203.**)
- Will security be present? (All events with more than 100 people requires security)
 No Yes (**If so, you are responsible for reserving your own security. Please call 278-5555 for details.**)
- Will alcohol be served at this function?
 No Yes (**If so, you must also complete the Risk Management/Alcohol Agreement form. Contact the Director of Campus Center Operations, Michael Williams at 278-7215.**)

On behalf of my organization/department, on my honor, I agree to uphold all organization, university, local, state, and federal policies regarding events. I accept full responsibility for all damages and **clean up** of this event.

****Signature of Event Contact:** _____ **Date:** _____

****Signature of Faculty Advisor:** _____ **Date:** _____

Scheduling Office has the right to not approve your event if all details are not provided and submitted by the 1 week deadline.

For Office Use Only
 Signature of the Director of Campus Center Operations: _____ Date: _____
 Event Approved: _____ Event Denied: _____ **R25 Reference Number:** _____