

# University of Florida Office Event Request Form

Name of Event: \_\_\_\_\_

Event Website: \_\_\_\_\_

Organization/Group/Individual Sponsoring Event: \_\_\_\_\_

This event is sponsored by:

\_\_\_\_ University Dept. or Division  
\_\_\_\_ Non-UF Organization (Individual or Group)  
\_\_\_\_ Public Agency (U.S., FL, Local)

\_\_\_\_ Not-For-Profit Organization  
\_\_\_\_ UF Student or Student Group  
\_\_\_\_ Other \_\_\_\_\_

Is this event co-sponsored? \_\_\_ No \_\_\_ Yes; If yes, with whom? \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_

Requested Location(s): \_\_\_\_\_

Date(s) of Event	Event Hours	Anticipated Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Brief description of event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you: \_\_\_\_\_ selling tickets \_\_\_\_\_ accepting donations (Ref. 6C1-2.012)  
\_\_\_\_\_ selling a product: if so, list item(s) and price(s) \_\_\_\_\_  
Will there be promotional/giveaway items \_\_\_ No \_\_\_ Yes. If Yes, give brief description \_\_\_\_\_ (Ref. 6C1-2.0151)

This event: \_\_\_ requires an entry fee of \$ \_\_\_ **OR** \_\_\_ is FREE to: \_\_\_ UF Students/staff/faculty \_\_\_\_\_  
How much money do you anticipate collecting: \$ \_\_\_\_\_  
Money collected will be used for\*: \_\_\_\_\_  
Name of charitable organization: Participants pre-register online for event \_\_\_\_\_  
**and/or** Educational purpose \_\_\_\_\_

University Rules state that the solicitation and collection of funds or the sale of new merchandise by registered student organizations is allowed **as long as funds are used to benefit a charitable institution or used for an educational purpose (travel, conference registration, training, retreat, etc.)**. Areas approved for fund-raising activities: **Plaza of the Americas, Turlington Hall area, and reservable outdoor space at the Reitz Union (Colonnade, North Lawn, & South Terrace)**. Student organizations should use good business practice, are responsible for keeping track of the funds that are raised and will be held accountable if the University is audited.

Will there be **music**: \_\_\_ No \_\_\_ Yes: If yes, please describe (ex: portable radio or live music): \_\_\_\_\_  
\_\_\_\_\_

Do you have any of the following: \_\_\_ Sound System \_\_\_\_\_  
\_\_\_ Tables/Chairs (if yes, does organization own them?) \_\_\_ Yes \_\_\_ No  
\_\_\_ Tents Size of Tent: \_\_\_\_\_ Free Standing: Yes No  
Date up: \_\_\_\_\_ Date Down: \_\_\_\_\_  
Owner/Rental Company \_\_\_\_\_  
\_\_\_ Other \_\_\_\_\_

Are you serving **food**: \_\_\_ No \_\_\_ Yes (**If yes, you must complete a food form**). (Ref. 6C1-2.020)  
Food provided by\*\*: \_\_\_\_\_  
\_\_\_\_\_

\*\*Food must be provided by a **licensed food vendor and a Request to Provide Food Form must be completed and submitted along with Event Request Form**. If food is being served by students (not the food vendor) each student must sign an additional form that should be returned to the Student Activities and Involvement Center and/or the Vice President's Office for Business Affairs no later than 2 days following the event.

This completed and form **MUST BE RETURNED** to the Vice President's Office for Business Affairs in 204 Tigert Hall TWO WEEKS PRIOR TO THE EVENT.

Revised 9/2015

- Will any of the organizations involved be contracting with a **speaker or performer**? \_\_\_\_ If so, list all: \_\_\_\_\_
- Will there be **alcohol** provided? \_\_\_\_ No \_\_\_\_ Yes (**If yes Alcohol form is required - link** ). (Ref. 6C1-2.019)
- Will **Banners** be displayed prior to or during the event? \_\_\_\_ No \_\_\_\_ Yes (Ref. 6C1-2.016)  
Brief Description of Banner \_\_\_\_\_
- Will live animals be used as part of this event? \_\_\_\_ No \_\_\_\_ Yes (Ref. 6C1-2.021)  
If yes, brief description of animal use, care and housing for this event: \_\_\_\_\_

Does the event include any of the following?  
 \_\_\_\_ Athletic or physical recreational activity or competition  
 \_\_\_\_ Use of fireworks, open flames, or other pyrotechnics  
 \_\_\_\_ Use of firearms/other weapons  
 \_\_\_\_ Use or demonstration of compressed gases or chemicals  
 \_\_\_\_ Construction or demolition work  
 \_\_\_\_ Operating motorized vehicles (internal combustion or electric)  
 \_\_\_\_ Operating gravity/human powered vehicles/skates, skateboards  
 \_\_\_\_ Use of scaffolding/platforms/elevated surface with >3 ft. drop at edge  
 \_\_\_\_ Use of climbing walls/trampolines  
 If yes, described each checked element in detail: \_\_\_\_\_

**FOR ADMINISTRATIVE OFFICE'S USE ONLY\*\*\*\*\***

Tentative Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Event Name:** \_\_\_\_\_  
**Event Date:** \_\_\_\_\_  
**Event Tracking Number:** \_\_\_\_\_

**Recommendations:** \_\_\_\_\_  
 The following individuals are aware of and have approved this event (signatures **MUST** be obtained in order after tentative approval has been granted):

**University Police Department (Lt. Alton McDilda)**

\_\_\_\_ APPROVE \_\_\_\_ DISAPPROVE \_\_\_\_ APPROVE WITH FOLLOWING REQUIREMENTS:

NAME \_\_\_\_\_ DATE \_\_\_\_\_

**Environmental Health & Safety (Dr. William Properzio)**

\_\_\_\_ APPROVE \_\_\_\_ DISAPPROVE \_\_\_\_ APPROVE WITH FOLLOWING REQUIREMENTS:

NAME \_\_\_\_\_ DATE \_\_\_\_\_

**Event:**

\_\_\_\_ APPROVED \_\_\_\_ DISAPPROVED \_\_\_\_ APPROVED WITH CONDITIONS:

\_\_\_\_\_  
**Vice President's Office, Business Affairs** **Date**  
 (Send a copy of the approved form to the Student Activities Office if students are requesting the event.)