

**Student Organization
Event Request Form**

Please fill out this form and send it to studentcenter@colum.edu, and a member of our Student Center Staff will be in touch within 48 hours.

Today's Date:			
Requestor:		Requestor Email and Phone:	
Event Name:		Event Type:	
Date of Event:		Time of Event:	
Setup Time:		Teardown Time:	
Department/Org Hosting Event:			
Advisor Name:		Advisor Email and Phone:	
Preferred Space:	Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please enter below:	Will you need help from Student Center Crew?:	Yes <input type="checkbox"/> No <input type="checkbox"/> If so, this can be discussed after form is submitted.
How many are you expecting to attend?:		Who will be attending the event? (select all that apply):	CCC Students <input type="checkbox"/> CCC Staff/Faculty <input type="checkbox"/> Non-CCC Guests <input type="checkbox"/>
Description of Event and Purpose:			
Layout/Setup (please let us know what type of setup you need for the space. Select a layout then describe room setup below):			
<p>Please Check One:</p> <ul style="list-style-type: none"> • Classroom <input type="checkbox"/> • Theater Seating <input type="checkbox"/> • Hollow Square Conference <input type="checkbox"/> • Boardroom <input type="checkbox"/> • Grouped Table Seating <input type="checkbox"/> • U-Shaped <input type="checkbox"/> • Other <input type="checkbox"/> <p>*Please note that room layout and setup will depend largely on the space and will be subject to review by building operations staff.</p>			
Will there be catering:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
A/V Setup (If yes, then please describe need):	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Approved by:		Date:	