FLORIDA STATE UNIVERSITY PANAMA CITY **STUDENT ORGANIZATION EVENT REQUEST**

CONTACT INFORMATION							
Organization:							
Co-Sponsor(s):							
Contact During Event:							
Phone:		FSU Email:					
Secondary Contact:							
Phone:			FSU Email:				
riione.			1 30 Email.				
EVENT INFORMATION							
Event Name:							
Date: Event Start Time:		rt Time:	Ever		nt End Time:		
	Catana Chart Time			Teardown End Time:			
	Setup Start Time:		reardown End Time:				
Location: (If event is on-campus, note that the location is only approved when a confirmation has been sent to the contact)							
Setup (on campus events only):							
Who is invited to the event (check all that apply): Approximate Attendance #:							
☐ Organization Members ☐ Stude							
☐ Faculty/Staff ☐ Community							
Type of Event (check all that apply): ☐ Community ☐ Meeting ☐ Training/Workshop							
			ation / Sports**		☐ Travel		
☐ Contest / Raffle / Giveaway* ☐ Ser		☐ Servic	e		□ Other:		
☐ Fundraiser		□ Speak	er				
*See FSU policy on raffles **Participal		its much each sign a waiv	ver				

See reverse side for additional information

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EVENT INFORMATION (continued)								
Description:								
Schedule (if applicable):								
Schedule (II applicable).								
Will food be sold at your event?	□ Yes □ No							
Is alcohol to be provided at the event?	☐ Yes (See FSU policy) ☐ No							
Will you have contracts/vendors?	☐ Yes (See FSU policy) ☐ No							
Will there be a fee for participation / entry?	☐ Yes ☐ No							
If yes, what is the cost?	How will students unable to pay rece	ive support?						
ADDITIONAL INFORMATION								
ADDITIONAL INFORMATION								
Note any additional information regarding the	ne event as needed:							
FOR OFFICE USE ONLY								
FUR Submitted: Initial:	FUR Confirmed: Init	ial:						
FCH Oslandan Initial	000000100100							
FSU Calendar: Initial:	GCSC Calendar: Init	cial:						
Notes:								
1101001								