



Club/Organization: \_\_\_\_\_

Event Name and Brief Description: \_\_\_\_\_

\_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> choice for Event Location (provide a complete address for off-campus event):

\_\_\_\_\_

\_\_\_\_\_

Will there be food at this event?  Yes  No

If the event is off-campus, does it involve students driving their vehicles to the event location? (Note: Advisor must be present at ALL off campus activities)

Yes  No

(If Yes, please attach Release of Liability Forms for all drivers and passengers.)

Does the event involve any type of physical activity (i.e. sports, rock climbing, etc.)?

Yes  No

(If Yes, please attach Release of Liability Forms for all participants.)

WE UNDERSTAND THAT THIS FORM IS INTENDED TO PROVIDE THE UNIVERSITY WITH INFORMATION CONCERNING THE EVENT IN QUESTION. COMPLETING THIS FORM DOES NOT INDICATE THAT THE UNIVERSITY APPROVES OR CONSENTS TO THE EVENT. BY SIGNING THIS FORM, WE UNDERSTAND THAT OUR GROUP IS RESPONSIBLE FOR COMPLYING WITH ALL POLICIES AND REGULATIONS, INCLUDING THE STUDENT STANDARDS OF CONDUCT, AS IT PERTAINS TO OUR ROLE AS MEMBERS OF THE AZUSA PACIFIC UNIVERSITY COMMUNITY.

Contact Person for the Event: \_\_\_\_\_

Contact Person's Signature: \_\_\_\_\_

Contact Person's Phone Number: \_\_\_\_\_

Emergency Phone Number (for day of the event): \_\_\_\_\_

Advisor Name: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

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**For Office Use Only**

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_

Approved:  Yes  No  Need more information