GHC STUDENT ENGAGEMENT EVENT FORM
The following information is REQUIRED and must be turned in to Office of Student Life
AT LEAST TWO (2) WEEKS IN ADVANCE

1. Date Submitted: ________________________________

2. Name of event: ________________________________

3. Description of event (Description should address how this event will further the development & education of students; attach additional sheets as needed): __________________________________________________________

4. Organization /club/department sponsoring event: __________________________________________________________

5. Preferred Campus location for event: __________________ 6. Room/Facility: __________________________

7. Date & Time slot(s) the event will take place: __________________________________________________________

8. SET UPS REQUESTED- - Check needs and indicate amounts. (Submit sketch of layout if possible).
   a. Stage ______
   b. Sound system ______
   c. TV/DVD ______
   d. Tables ______ Number ______ Style ______
   e. Chairs ______ Number ______
   f. Podium ______
   g. Other needs ______ Explain ___________________________________

   IMPORTANT: While requests for equipment above will be submitted by the OSL, it is your group’s responsibility to set up and tear down the equipment before and after the event.

9. FOOD REQUEST –
   A. Type of food planned: __________________________________________________________
   B. Source of food: __________________________________________________________
   C. Estimated cost of food: ______________________________________________________
   D. Expected attendance: ______________________________________________________
   E. Anticipated Per Diem amount: ________________________________________________
   F. Method of payment for food purchase: _________________________________________
   G. Reason food is being provided: ______________________________________________
   H. How many food events will this group hold this academic year? __________________

   Approved: _____  Denied: _____  Signature: ______________  Date: ____________

10. PUBLICITY/DOCUMENTATION – Check those submitted/used. A, B, D, E or F are required with request of food purchase.
    A. Flyer ______
    B. Poster ______
    C. Banner ______
    D. E-mail ______
    E. Guest List/Attendees ______
    F. Meeting Agenda ______
    G. Other ______

    Submitted By: ________________________________  __/__/_____
                   (Print Name)                        (Date)

                   ________________________________
                   (Signature)

                   ________________________________
                   E-mail: ________________________________

                   OSL USE ONLY
                   Approved: _____
                   Denied: _____
                   Notes: ____________________________
                   ____________________________
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