

Student Event Facilities Request Form



Date: _____

This event is being run as a:

SU Event: ___ If yes, please attach the all relevant info and the SU approval.

Faculty Event: ___ If yes, please identify the faculty member ("faculty sponsor") responsible for the event

(Note: if any animals are being used, it must be a Faculty event.)

Club Name: _____

Club Contact Name: _____

Email Address: _____ Phone # _____

If a Faculty event, the following statement must be signed by the faculty member.

I understand that as the faculty sponsor, I need to participate in all facets of the planning of the event, approve all aspects of the event, ensure that the event complies with University policies and procedures, submit any necessary animal care or other protocols, and that I must attend the event

Signature _____ Date _____

Event Details

Event Name: _____

Proposed Date of Event: _____ Time: _____ to _____

Number of expected participants: _____

External Organization Involved in the event (eg lunch n learn): _____

Contact information: _____

Location of event: CSB Foothills

Room(s) requested: _____

A/V Requirements: _____

Specific Requests: _____

Consumables/materials required: _____

Description of Event (including target audience, relationship to UCVM, information on registration fees, etc)

Is alcohol being served at this event: Yes * No

*If yes, the event must comply with all University requirements. Faculty events must have appropriate staff (student trained servers are not acceptable).

Is food being served at this event? Yes No

Provide details:

Animal care protocol required? Yes No

Biohazard protocol required? Yes No

Liability insurance or participant waiver required? Yes No

By signing below as an Event Organizer, I am fully aware that:

- I will be responsible for planning and organizing the aforementioned event
- I will ensure that the planning and execution of the event complies with all University of Calgary, Faculty of Veterinary Medicine, and Students' Union policies and procedures

Primary Event Organizer Name

Signature

Date Submitted

Primary Event Organizer Name

Signature

Date Submitted

Dean's Office Use Only

Reviewed and approved by Director, Student Services _____ Date _____

Estimated costs: Personnel: _____ Materials/consumables: _____

Facilities: _____ Account required: _____

Conflicts checked by: _____ Date _____

Communications Yes No Public Calendar Yes No Internal Calendar Yes No

Total estimated charges to Club: _____

Dean's Signature by: _____ Date _____