EVENT PLANNING FORM & GUIDE

Deadlines:
Must meet with advisor to discuss event planning at least 4 weeks prior to date of event - earlier if contracted vendors are being used.

Contract Information must be completed and sumbitted at least 4 weeks prior to date of event.

Reimbursements:
All receipts and the reimbursement request form MUST be signed and turned in to advisor within 1 week of purchase regardless of date of event.

Receipts must be dated and itemized, and may NOT include any personal purchases. Receipts with personal itmes listed on them will not be reimbursed.

Event Name: _____

Event Date: _____ (Ex. Friday, September 7, 2010)

Set-up Time: _____ ❑ am ❑ pm   Event Start Time: _____ ❑ am ❑ pm   Event End Time:_____ ❑ am ❑ pm

Event Location: _____

Event Description:

[ ]

Learning Goals for this program: *(Please check all that apply)*

- ❑ Leadership Skills
- ❑ Intellectual Growth
- ❑ Effective Communication
- ❑ Personal Skill Development
- ❑ Community Responsibility & Social Justice
- ❑ Intrapersonal, Interpersonal, & Intergroup competencies

How does this program achieve your learning goals?

[ ]

Target Audience: _____   Expected Attendance: _____

Admission Charge: *(Complete all amounts that apply):*
Warren Students: $_____   *UCSD Students:* $_____   *General:* $_____

Sign-Up/Purchase tickets at: _____ *(Location)*   By: _____ *(Start/End Date)*

Do you need security officers for this event? ❑ no ❑ yes

Sponsoring Organization Contact Information:

Primary Organization Name: _____ Index #: _____

Event Coordinator Name: _____ Title: _____

E-mail: _____ @ucsd.edu   Phone: _____

If there is more than one organization sponsoring this event, attach Co-Sponsorship Agreement form.

Advisor Name: _____

E-mail: _____ @ucsd.edu   Phone: _____

List all potential risks associated with this event (include physical, emotional, financial, etc...) and strategies that you will implement to minimize or eliminate these risks:

Does your program include any type of physical activity? ❑ No ❑ Yes
- Be sure that all participants are made fully aware of any risk involved with participating in the activity.
- Require all participants to complete a **Waiver of Liability, Assumption of Risk, and Indemnity Agreement** PRIOR to engaging in any activity. *(Forms must be archived with advisor for three years.)*
- Be sure to complete the application for **Liability Insurance** or obtain a copy of Liability insurance Covereage from all vendors.

Is you event being held outdoors, or can it be affected by inclement weather? ❑ No ❑ Yes
If yes, list rainsite location: _____

- Contact Grounds and Maintenance to request sprinkler shutoff at http://yamhill.ucsd.edu/FM/SpecialEvent/

Is your event accessible to individuals with disabilities? ❑ No ❑ Yes

The following statement must be included in all event marketing:
"If you are an individual with a disability who requires an accommodation, please contact (insert contact name) at (insert contact phone/e-mail) at least two weeks prior to (insert date prior to event) to increase the likelihood that the required accommodation can be provided."

Additional information on UCSD accommodation policies can be reviewed at: http://disability.resource.ucsd.edu

Are you serving or cooking food? ❑ No ❑ Yes
- Complete the student organization **Temporary Food Facility Permit Application.**
- Follow all University Policies and procedures for Food and Beverage Sales.
- For off-campus vendors, follow all procedures for Hiring an Outside Caterer.
- Provide Certificate of Laibility in the amount of $1,000,000 or more for food served by an off-campus vendor.

Is there alcohol involved with you activity? ❑ No ❑ Yes

- Review the Alcohol and Malt Beverage Policy and complete the **Use of Alcoholic and/or Malt Beverages** form at least 4 weeks prior to event date.

Are you contracting entertainment or services from a non-university entity?
❑ No
❑ Yes
- University contracts must be authorized and signed by University personnel.
- Complete the **Contract Information Sheet** at least 4 weeks prior to the event.

Event Budget: Fill out this form or attach a copy of the event budget form which can be found online at: http://warren.ucsd.edu/student-life/leadership/resources.html

Event Budget for: _____

Expenses

Date	Description	Amount Allocated	Amount Spent	Remaining Funds
	Marketing/Advertising	$	$	$
	Speakers/Entertainment	$	$	$
	Food	$	$	$
	Equipment	$	$	$
	Facilities	$	$	$
	Miscellaneous	$	$	$

Income

Date	Description	Amount of Revenue

How are you funding your event?

Funding from organization	$
Funding from other Sources (please list)	
	$
	$
	$

I believe that I have completed the Event Planning Guide to the best of my ability:

Primary Contact:_____ Signature: _____ Date: _____

I have reviewed this form and support this event:

Advisor Name:_____ Signature: _____ Date: _____