

University of Florida Office Event Request Form

Name of Event: _____

Event Website: _____

Organization/Group/Individual Sponsoring Event: _____

This event is sponsored by:

____ University Dept. or Division

____ Non-UF Organization (Individual or Group)

____ Public Agency (U.S., FL, Local)

____ Not-For-Profit Organization

____ UF Student or Student Group

____ Other _____

Is this event co-sponsored? ____ No ____ Yes; If yes, with whom? _____

Contact Name: _____

Address: _____

Phone: _____

Cell: _____

E-mail: _____

Fax: _____

Requested Location(s): _____

Date(s) of Event	Event Hours	Anticipated Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Brief description of event: _____

☐ Are you: ____ selling tickets ____ accepting donations (Ref. 6C1-2.012)

____ selling a product: if so, list item(s) and price(s) _____

Will there be promotional/giveaway items ____ No ____ Yes. If Yes, give brief description _____ (Ref. 6C1-2.0151)

☐ This event: ____ requires an entry fee of \$ ____ **OR** ____ is FREE to: ____ UF Students/staff/faculty _____

How much money do you anticipate collecting: \$ _____

Money collected will be used for*: _____

Name of charitable organization: Participants pre-register online for event _____

and/or Educational purpose _____

University Rules state that the solicitation and collection of funds or the sale of new merchandise by registered student organizations is allowed **as long as funds are used to benefit a charitable institution or used for an educational purpose (travel, conference registration, training, retreat, etc.).** Areas approved for fund-raising activities: **Plaza of the Americas, Turlington Hall area, and reservable outdoor space at the Reitz Union (Colonnade, North Lawn, & South Terrace).** Student organizations should use good business practice, are responsible for keeping track of the funds that are raised and will be held accountable if the University is audited.

☐ Will there be **music**: ____ No ____ Yes: If yes, please describe (ex: portable radio or live music): _____

Do you have any of the following: ____ Sound System _____
____ Tables/Chairs (if yes, does organization own them?) ____ Yes ____ No
____ Tents Size of Tent: _____ Free Standing : ____ Yes ____ No
Date up: _____ Date Down: _____
Owner/Rental Company _____
____ Other _____

☐ Are you serving **food**: ____ No ____ Yes (**If yes, you must complete a food form**). (Ref. 6C1-2.020)

Food provided by**: _____

****Food must be provided by a licensed food vendor and a Request to Provide Food Form must be completed and submitted along with Event Request Form.** If food is being served by students (not the food vendor) each student must sign an additional form that should be returned to the Student Activities and Involvement Center and/or the Vice President's Office for Business Affairs no later than 2 days following the event.

This completed and form **MUST BE RETURNED** to the Vice President's Office for Business Affairs in 204 Tigert Hall TWO WEEKS PRIOR TO THE EVENT.

Revised 9/2015

☐ Will any of the organizations involved be contracting with a **speaker or performer**? ____ If so, list all: _____

☐ Will there be **alcohol** provided? ____ No ____ Yes (**If yes Alcohol form is required - link**). (Ref. 6C1-2.019)

☐ Will **Banners** be displayed prior to or during the event? ____ No ____ Yes (Ref. 6C1-2.016)
Brief Description of Banner _____

☐ Will live animals be used as part of this event? ____ No ____ Yes (Ref. 6C1-2.021)
If yes, brief description of animal use, care and housing for this event: _____

Does the event include any of the following?

- ____ Athletic or physical recreational activity or competition
- ____ Use of fireworks, open flames, or other pyrotechnics
- ____ Use of firearms/other weapons
- ____ Use or demonstration of compressed gases or chemicals
- ____ Construction or demolition work
- ____ Operating motorized vehicles (internal combustion or electric)
- ____ Operating gravity/human powered vehicles/skates, skateboards
- ____ Use of scaffolding/platforms/elevated surface with >3 ft. drop at edge
- ____ Use of climbing walls/trampolines

If yes, described each checked element in detail: _____

FOR ADMINISTRATIVE OFFICE'S USE ONLY*****

Tentative Approval: _____ Date: _____

Event Name: _____

Event Date: _____

Event Tracking Number: _____

Recommendations: _____

The following individuals are aware of and have approved this event (signatures **MUST** be obtained in order after tentative approval has been granted):

University Police Department (Lt. Alton McDilda)

____ APPROVE ____ DISAPPROVE ____ APPROVE WITH FOLLOWING REQUIREMENTS:

NAME _____ DATE _____

Environmental Health & Safety (Dr. William Properzio)

____ APPROVE ____ DISAPPROVE ____ APPROVE WITH FOLLOWING REQUIREMENTS:

NAME _____ DATE _____

Event:

____ APPROVED ____ DISAPPROVED ____ APPROVED WITH CONDITIONS:

Vice President's Office, Business Affairs

Date

(Send a copy of the approved form to the Student Activities Office if students are requesting the event.)

This completed and form **MUST BE RETURNED** to the Vice President's Office for Business Affairs in 204 Tigert Hall TWO WEEKS PRIOR TO THE EVENT.

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