This form is used to register all campus club/organization/department initiated functions. It is also a tool for you to utilize while planning your event. It must be complete and include signatures of an organization/department member and the advisor in order to be processed. It must be reviewed and approved by the Director of Student Activities at least 10 business days prior to the event. If a performer or service contract is required, the event must be approved at least 30 calendar days prior to the event date, and the contract must be delivered to the Director of Student Activities. Additional information pertaining to Bay State College policies and procedures can be found within the Office of Student Affairs.

General Event Information

Name of Organization/Department: ________________________________________________

Contact Person: ____________________________________________________________
Phone: __________________________

Event Name: ____________________________________________
Event Date: __________________________

Location: ____________________________________________
Time: __________________________

Type of Event: (check all that apply)

☐ Social       ☐ Diversity       ☐ Film       ☐ Lecture/Speaker       ☐ Educational       ☐ Wellness
☐ Other (describe): __________________________________________________________________

Sponsoring Organization: (check all that apply)

☐ Student Association       ☐ Club/Organization       ☐ Department/Office

Is this an open event?       Yes       No
If this is a closed event, please attach a guest list. The list must be typed in alphabetical order.

Have you discussed this event with your advisor/head of department?       Yes       No
Please note that event registration is not complete without an advisor’s signature.

Briefly describe the event:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Publicity (open events only):
All written materials must be approved by the Office of Student Affairs. How will you be publicizing your event? (check all that apply)

☐ Campus wide calendar (Email jerdle@baystate.edu to post your event)

☐ Flyers/posters

☐ (mass) Email

☐ Other: ____________________________________________________________________
**Budget Information**

<table>
<thead>
<tr>
<th>ITEM</th>
<th>VENDOR</th>
<th>FUNDING SOURCE</th>
<th>AMOUNT</th>
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<tbody>
<tr>
<td>Speaker/Performer</td>
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<tr>
<td>Food/ Beverages</td>
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<td>Flyers/Posters</td>
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<td>Other</td>
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**TOTAL COST: $**

**Speaker/Performer Information**

All contracts must be reviewed and signed by the Director of Student Activities. *At no time may a student commit to verbal or written contract.*

Will there be a speaker/performer who is NOT affiliated with Bay State College at this event? YES* NO

*if yes, please submit contract at least 30 calendar days prior to the event.

**Food/Beverage Service Information:**

Will food be provided? YES NO

If yes, who will be providing the food? Who:________________ Other: __________________

Will alcoholic beverages be served? YES NO

If yes, please complete the next section. If no, skip to signatures.

**Sponsoring Organization/Department Signatures:**

We, the undersigned, agree to adhere to Bay State College’s event regulations. We will:

1. Be in attendance at the event for set up and break down and identify ourselves to any staff in charge.
2. Provide clean up for the facility immediately following the function closing.
3. Assume liability for property damage and extraordinary set-up/cleaning charges.
4. Assist in maintaining proper conduct of students attending the function.

We understand that if this agreement is violated our event privileges can be suspended and/or be subject to additional sanctions as deemed appropriate. We accept responsibility for insuring the terms of this agreement are met.

Contact: ___________________________________________ Phone: ____________

Advisor/Department Contact: ____________________________ Phone: ____________

For more information, please contact:
Kristin Staine, Assistant Director of Student Activities
kstaine@baystate.edu

**Student Affairs Office Use Only:**

Program approved: ______________ Date of approval: ______________ Contract: Y N