## CT STATE NORTHWESTERN EVENT REGISTRATION FORM

- Please submit this form to the Student Activities Office at least two weeks in advance prior to the event for proper planning
- This is not a room reservation: Any room reservations must be reserved by the Club Advisor or Student Activities Director as soon as the event has been approved. Under no circumstances should anyone other than the Director of Student Activities purchase any items for any event or sign any contracts.



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Club Name :						
Proposed Date of Event  Name of Event			posed Start : nd Time			
Proposed Event Location(s) of Proposed Event Anticipated Number of Attendees			Will this eve revenue?	nt generate	Y N	
Event Contact : Person Email :			Phone :			
What is the purpose of this Event (fundraiser, awareness, social, etc.)						
Will this event involve of campus travel? Is this event open to the public? (Non-Students) Is this event open to the public? (Non-Students)	Y N :	Will this event re funding from Stu Senate? Will you be reque any equipment f Student Activitie If yes please list :	esting Y	N N		
Club Officer Signature:		Date:				
Club Advisor Signature:		Date:				
Student Activity Director	;	Date:		Approved:	Denied:	
Reason for Denial:						

This form should be submitted with the Club Budget Request Form when requesting money from the Student Senate for your event or the Fund Club Financial Request Form is using Fundraised Funds