

Application to Sponsor an Activity | Off-Campus

This form must be filled out completely at least two weeks in advance before a PPSC Club/Organization can hold an OFF-CAMPUS event. One advisor is needed for functions involving club members only; two advisors are required for any all-college function and/or functions open to the public.

Name of Club/Organization _____ Today's Date _____

FUNCTION INFORMATION

Describe the nature of the function (be specific): _____

Location of function (name, address, and phone number): _____

Are there any special arrangements necessary in conjunction with scheduling or organizing this event? If so, additional paperwork may be required. See Director of Campus Life (A-210) for more information

Date of Function _____ Beginning at _____ [] am [] pm Ending at _____ [] am [] pm

Set-Up Time _____ [] am [] pm Take Down Time (cleaning) _____ [] am [] pm

In the event your club/organization fails to clean the area following the event, your account may be charged for expenses incurred to hire additional custodial staff.

Participation limited to (mark all that apply):

- PPSC Students PPSC Students & Guests Faculty & Staff
 Open to the Public Club/organization members only (participation waiver required)

Will admission be charged? No Yes Cost of Admission _____

Will refreshments be served? No Yes Caterer _____

if catering for 100 or more, you must use Sodexo as your caterer per PPSC Food Service Contract. If less than 100, we still recommend starting with Sodexo for right of first refusal. 719-262-4485

Will transportation be provided? No Yes, please explain _____

If PPSC will be providing transportation, all appropriate travel forms must be completed, signed by Advisor and turned in to Campus Life Office (A-210) at least two weeks prior to activity. Travel paperwork can be obtained in the Campus Life Office.

Functions that anticipate the attendance of 200 or more must contact Public Safety at ext. 2900 to discuss additional security staff, if applicable.

Name of Person(s) or Advisor(s) who will be accompanying group during event:

Name _____ Name _____

Requester Name _____ Signature _____ Date _____

Advisor's Name _____ Signature _____ Date _____

Box _____

AUTHORIZATION

Director of Campus Life _____ Date _____

FOR OFFICE USE ONLY:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> College President (C9) | <input type="checkbox"/> Advisor | <input type="checkbox"/> Public Safety (18) | <input type="checkbox"/> ITSS contacted |
| <input type="checkbox"/> VP Administrative Services (C35) | <input type="checkbox"/> Facilities & Operations (2a) | <input type="checkbox"/> Food Service | <input type="checkbox"/> Public Information (C11) |
| <input type="checkbox"/> Campus Director (C6) | <input type="checkbox"/> Facilities Booked | | |