

FOR OFFICIAL USE ONLY

VENUE REDUCED RATE REQUEST FORM

NAME: _____

ORGANIZATION: _____

PHONE: _____ E-MAIL: _____

EVENT DETAILS:

EVENT NAME: _____

EVENT DESCRIPTION: _____

PREFERRED EVENT DATE: _____

EVENT ALTERNATIVE DATES: (GIVE PRIORITY, NUMBER 1-3 IN ORDER)

1. ____ / ____ / ____ 2. ____ / ____ / ____ 3. ____ / ____ / ____

EVENT TYPE: CONCERT, VARIETY SHOW, ETC. _____

EVENT START TIME: _____ AM PM (PLEASE CIRCLE ONE)

EVENT END TIME: _____ AM PM (PLEASE CIRCLE ONE)

ESTIMATED ATTENDANCE: _____

IS THIS EVENT OPEN TO ALL STUDENTS? YES NO (PLEASE CIRCLE ONE)

WILL THERE BE ANY EXPECTED REVENUE? YES NO (PLEASE CIRCLE ONE)

IF YES, WHERE WILL REVENUE BE GENERATED? _____

PLANNED MARKETING: _____

PLEASE RETURN TO SHANE JUNTUNEN IN THE OFFICE OF STUDENT INVOLVEMENT IN STUDENT UNION, SUITE 208

SIGNATURE _____ ORGANIZATION REPRESENTATIVE

DATE _____

SIGNATURE _____ SGA REPRESENTATIVE

DATE _____

SIGNATURE _____ OSI REPRESENTATIVE

DATE _____

