HUCOP Student Organization Event Request

Date: ____________________________

Organization or Group Making Request: ____________________________________________

As the main contact person or additional contact for the event/activity listed below, if collection of funds is part of the event/activity, I agree to assume the responsibility to oversee the collection, counting, and allotment of all funds associated with this request.

Primary contact ________________________________________________________________

printed name _________________________________________________________________

signature ________________________________________________________________

Contact phone number __________________________________________________________

Additional Contacts:

Name/phone number ___________________________ Name/phone number ___________________________

Faculty/Staff/Preceptor Contacts:

__________________________________________

__________________________________________

Name, description, and location of event or activity:

__________________________________________

__________________________________________

__________________________________________

How is the event/activity funded? _________________________________________________

Additional person(s) responsible for collection of funds, if applicable: ________________

HUCOP resources needed for the event: ____________________________________________

Date(s) and time of the event: _________________________________________________

Room(s) to reserve: ____________________________________________________________

Additional information: ________________________________________________________

For OSA use:

Approved: __________________________________________________________________

Calendar(s) updated: ___________________________________________________________