

Cleveland State University

STUDENT ORGANIZATIONS SPECIAL EVENTS FORM

THIS FORM SHOULD BE COMPLETED IF YOUR EVENT INVOLVES ALCOHOL OR FUNDRAISING

Sponsoring Organization _____

Agency Account Number _____

Co-sponsor(s) _____ Phone _____

Co-sponsor(s) Address _____

Type of Event: Charitable Cultural Educational Recreational Social

Open to: General Public* Guests Special Invitees University Community

**General Public Events require approval by the Vice President for Student Affairs and Minority Affairs*

EVENTS INVOLVING ALCOHOL:

Will alcohol be served? Yes No **Will alcohol be sold?** Yes No

If alcohol is being served or sold at an event, a *Special Events Form* must be completed 30 days prior to the event.

Training for Intervention Procedures ("TIPs" Training) must also be completed 15 days prior to the event. For details, contact the Coordinator of Student Organizations in the Department of Student Life.

EVENTS INVOLVING MONEY:

- Follow all University procedures for fund-raising and payments.
- Contracts must be signed for services 15 days before the event. (DJ, speaker, performers, etc.)
- No cash payments permitted!

Requirements:

Groups must deposit all income into their agency account immediately following the event. A CSU Police Officer will escort the depositor to Bursar's. Deposits can be made at night and on weekends. **Please make advance arrangements with the Bursar's Office, UC #460 (687-3615) for a deposit bag and key.**

<u>EXPENSES</u>	<u>AMOUNT</u>		<u>INCOME</u>	<u>AMOUNT</u>	
Item	Estimate	Actual	Item	Estimate	Actual
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total Expenses:	_____	_____	Total Income:	_____	_____

Complete the **Estimate** column before the event and the **Actual** column after the event. Submit the form before the event occurs. It will be available in the Department of Student Life after the event for you to complete the **Actual** column.

As the person responsible for this event, I certify that the information provided here is correct to the best of my knowledge.

Organization Representative Signature: _____ Date _____

Student Life Approval Signature: _____ Date _____