

Event Organizer Information

Sponsoring Organization (Club/Society/Class – example *DOL 1031 section: 530*)

Name of Primary Event Organizer (First and Last) (*The primary event organizer must attend the event*)

Telephone/Cell:

Email Address:

I am a: Brescia Student Western Student Huron Student King's Student

Note: The alternate contact must be available locally (in London) on the event date(s):

Alternate 1 Contact Name (First and Last)

Alternate 1 Contact Phone/Cell:

Alternate 1 Contact Email Address:

Event Information

Event Name:

Purpose of Event:

Give a brief description of the program/activities, etc.

Event Audience: *E.g. Brescia students, all students, staff, members of CAFPA, etc.*

Expected Event Attendance:

Is this a multi-day event? Yes No

Event Date, Start Time, End Time:

If this is a multi-day event, please list all of the dates and times for your multi-day event below:

Event Location/Address:

If at Brescia, include the room number/location (e.g. St. James auditorium)

Is this an off-campus event? Yes No

If this is an off-campus event, please complete the following:

Off Campus Venue Contact Person

Off Campus Venue Contact Phone

Off Campus Venue Contact Email

Is there a contract to be signed with the off-campus venue (*Note: You may be asked to provide a copy of the contract*): Yes No

Physical Activity

Is physical activity involved? Yes No

If yes, circle the amount of stars that corresponds to the degree of physical activity involved (i.e. one star is very moderate i.e. walking the maze, five stars is very strenuous activity (i.e. a 5k run or a ski trip)).



What is the activity?

Accessibility

Is your event fully accessible: Yes No

If the event is not fully accessible, please provide more information below:

I.e. if the event is not accessible, how will you communicate this to participants? What changes could be made to make it more accessible?

Incident Reporting:

Note: you must follow the incident reporting protocol i.e. Any incident that involves injury to a PERSON or DAMAGE TO PROPERTY must be reported to Health and Safety, Human Resources within 24 hours of occurrence by email to jmacdo55@uwo.ca

I will follow the incident reporting protocol above:

Travel

Is travel involved? Yes No

Are you arranging transportation? Yes No

If yes, what type of transportation is being arranged?

Personal vehicle London Transit Chartered Bus Commercial Aircraft Other

Describe the travel arrangements:

E.g. individual vehicles, car pooled, About town, charter bus, etc.

Note: *If you opt to take personal vehicles and travel with other members of the Brescia Community, the primary driver's automobile insurance policy must have \$1,000,000 liability coverage, inclusive of Bodily Injury and Property Damage, in order to comply with Brescia's automobile insurance policy.*

I understand and will comply with the insurance policy shown above.

Community Relations

Is the event in or near a residential neighbourhood? Yes No

Will there be amplified speeches/music? Yes No

Note: All off campus events must adhere to London's Noise Bylaw

I agree to follow [London's Noise Bylaw](http://www.london.ca/city-hall/by-laws/Pages/Noise-By-law.aspx): <http://www.london.ca/city-hall/by-laws/Pages/Noise-By-law.aspx>

Food

Is food being served at this event? Yes No

Who is providing food service?

Note: All events on campus other than bake sales must be catered by Brescia Food Services. An external caterer or food service may only be used for off-campus events. If this is an event serving home baked goods, you must follow the [Middlesex Londn Health Unit's 'Preparing Food at Home' Guidelines](http://www.healthunit.com/article.aspx?ID=10668) when preparing baked goods at home. Read the guidelines at: <http://www.healthunit.com/article.aspx?ID=10668>

If this is an off-campus event at which food is being provided, please provide the contact information for the food provider:

Name

Phone/Cell

Email

Note: Please ensure that you provide your food service provider with participant's food allergy information and dietary restrictions.

Financial

Is money involved in the event in anyway? (i.e. .Is any kind of admission, drink/food sales, or other transaction occurring either at the event or related to the event): Yes No

Are tickets being sold for this event? Yes No

How many tickets do you expect to sell?

What is the cost/ticket?

Is this a fund-raising event? Yes No

How much money do you hope to raise?

To whom/where are you donating the money raised?

Please describe the money-handling process?

I.e. where is the money being stored? Where is it being deposited? Etc,

Event Organizer Comments:

As the event organizer, are there any other issues/concerns that you would like to note?

Event Agreement

I verify that all of the information this form is correct and that I have read and agree to abide by all Brescia University College policies and event planning guidelines.

Event Organizer's Signature

Faculty Member Name: _____

Faculty Member's Signature (Approved Event)

Date: _____