Prairie View A&M University

Prairie View, Texas

Student Activities and Leadership

Request to Schedule an Event/Program/Sales/Solicitation

Submit completed forms to the Office of Student Activities & Leadership

Section A (Organization Information) *please TYPE*

Name of Organization: _____
Organization Presidents: _____
Phone Number: _____
Email Address: _____

Advisor of Organization: _____
Telephone Number: _____
Advisor Email: _____
Campus Address: _____

Section B (Event Information) *please TYPE*

Date of Event: _____ Facility Requested: (Select One) _____
Event Name: _____
Event Type: (Select One) _____
Setup Time: From: _____ am
Event Time: From: _____ am To: _____ am
Full Event Description: _____
_____
_____

Special Items
Expected Attendance: (select one)
Tickets/Entry Fee: ☐ Yes ☐ No
Serving Food: ☐ Yes ☐ No
If Yes: Contact Sodexo Campus Services (936) 261 - 1766
Tax ID: _____
(For solicitation/sales only)

This form **MUST** be submitted **five (5) business days** (or earlier) prior to the date of the event, program, or activity.

Alcoholic beverages/drugs may not be served or consumed at the event, program, or activity. Persons requiring accommodations because of a disability may contact (936) 261-3585. ***"For special assistance with disabilities, dial extension 3585"*** **MUST appear on all flyers, handbills, and posters.**

Cancellation of this event requires written notification to the Office of Student Activities and Leadership at least 48 hours in advance. Charges and fees may still apply depending on services requested.

By signing this form, I recognize that it is a privilege to be able to hold this event/program/activity at Prairie View A&M University. I must adhere to all University policies and procedures as well as ensure that this event/program/activity is consistent with the educational mission, goals, and objectives of this University. Should violations/complaints occur in relationship to this event/program/activity, I will seek to resolve the issue and/or represent the organization should the matter be directed to a University official.

_____ _____
Representative Signature Date Advisor Signature Date

Section B (Official Use Only)

Approved *Disapproved*

Signature: _____
Director: Student Activities & Leadership *Date*

Signature: _____
Security/Public Safety *Date*

Signature: _____
Scheduler *Date*

Comments: _____

Notifications

DEPT	DATE
Utilities	_____
Facility Mgr	_____
EMS	_____
DPS	_____
Stud. Center	_____
Payment Due:	_____