Prairie View A&M University

Prairie View, Texas

Student Activities and Leadership

Request to Schedule an Event/Program

All fields in Section A must be filled (typed)

Section A

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

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

Date of Event: _____ Facility Requested: Choose one
Time of Event: From: _____ PM To: _____ AM
Brief event description: _____
_____
_____
_____
Event Name: _____
Event Type: Select One

Special Items:

Expected Attendance: Choose one

Tickets: ☐ Yes ☐ No

Food Served: ☐ Yes ☐ No

Advisors and sponsors must announce to attendees that alcoholic beverages or any drugs may not be served or consumed at the event/program/activity. Also inform attendees that persons requiring accommodations because of a disability may contact (936) 261-3581.

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 and 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 university officials.

If this form is not submitted **five business (5) days** (or earlier) prior to the date of the event/program/activity, it will not be approved.

If you cancel this event, you are required to provide notification to this office and others and pay all fees incurred in scheduling this event.

_____ _____
Student Signature Date Organizer/Advisor Signature Date

Section B

For Official Use Only

Approved Disapproved

Signature: _____
Director: Student Activities & Leadership Date

Signature: _____
Scheduler Date

Comment: _____

Notifications:

Utilities
Date: _____

Facility
Date: _____

EMS
Date: _____

Police
Date: _____

Auxiliary
Date: _____