

SOUTHERN CONNECTICUT STATE UNIVERSITY  
NEW HAVEN, CONNECTICUT 06515-1355

**FACILITIES USAGE FORM FOR OFF-CAMPUS EVENTS**

This form must be filed in the Office of Student Life, Michael J. Adanti Student Center, room 213 at least fifteen (15) class days **prior** to the proposed event.

*If this event requires **a)** more than \$25, **b)** out of state travel, or **c)** travel overnight then a Travel Authorization Form (TA) must be submitted with this form.*

**Please Type or Print**

Organization Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Local Address \_\_\_\_\_

Local Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Event Description \_\_\_\_\_  
\_\_\_\_\_

Date of Event \_\_\_\_\_

Facility \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Event Beginning Time \_\_\_\_\_ Event Ending Time \_\_\_\_\_

Anticipated Attendance \_\_\_\_\_ Admission/Ticket Price(s) \_\_\_\_\_

This Event Will be Open to the Following (**circle all that apply**)

Southern Students

Southern Community

Outside Guests

Provisions made for police/security coverage \_\_\_\_\_  
\_\_\_\_\_

Transportation arrangements (if providing your own transportation drivers must include copy of license and declaration page of insurance)  
\_\_\_\_\_  
\_\_\_\_\_

(Over)

The following forms for this off-campus event:

**have been completed** by the organization and are attached for review by the Dean of Student Affairs;

(A) Contracts for Facility	YES	NO	N/A
(B) SCSU Fund-Raising Form	YES	NO	N/A
(C) SCSU Alcohol Policy Addendum	YES	NO	N/A
(D) Contracts for Services	YES	NO	N/A

**N/A denotes information is not applicable to this particular event**

We, the undersigned, agree to comply with all University policies, rules, and regulations governing the sponsoring of off-campus events by clubs and organizations.

President \_\_\_\_\_ Date \_\_\_\_\_

Advisor \_\_\_\_\_ Date \_\_\_\_\_

**(Advisor signature denotes acknowledgement that their presence is mandatory for the entirety of the event)**

This off-campus event has been approved based on the information submitted by the organization to the Dean of Student Affairs Office.

This approval is being given with the understanding that the terms, conditions, and/or restrictions noted below shall be implemented and adhered to by the organization:

\_\_\_\_\_ (name, title), to supervise throughout the event.

(Please Print Name of Supervising Advisor)

Supervising Advisor's Emergency Contact Number(s):

Office # \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Assumption of risk forms to be submitted to the Office of Student Life, room 213, Michael J. Adanti Student Center by \_\_\_\_\_ (Date at least 2 days prior to the event)

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**For Office Use Only:**

\_\_\_ Students must be made aware that they are responsible for providing their own transportation to and from the event and must state this on the assumption of risk form. All driver's must have a copy of their driver's license and the **DECLARATION** page of their car insurance (listing the student as a driver) on file with the Office of Student Life.

\_\_\_ A detailed itinerary must be filed in the Office of the Dean of Student Affairs by \_\_\_\_\_ listing all contact information, travel arrangements, hotel arrangements, and planned events for the trip.

Additional Stipulations: \_\_\_\_\_

\_\_\_\_\_

Director of Student Life \_\_\_\_\_ Date \_\_\_\_\_