



### APPLICATION FOR OFF CAMPUS EVENT

(please allow seven working days to process this application)

Title of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_ To: \_\_\_\_\_

Location: \_\_\_\_\_ Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

ID # \_\_\_\_\_ Organization \_\_\_\_\_ E-mail \_\_\_\_\_

**\*If there is an outside supplier(s) please provide a copy of the agreement/contract to Elaine Wannamaker**

UOIT Event       UOIT/DC Event

Number of Participants: \_\_\_\_\_ Number of non- UOIT/DC Participants: \_\_\_\_\_

Guest Speaker(s)?  Yes      Name(s): \_\_\_\_\_  
 No

Is this event open to the public?  Yes     No

Admission Fee(s)?  Yes \$ \_\_\_\_\_  No

**Event Requirements:** (to be arranged by applicant)

Caterer – Name: \_\_\_\_\_

Will liquor be served?  Yes     No

Is special access for people with disabilities required?  Yes     No

Will there be advertising or flyers?  Yes     No      Specify:  on campus     off campus     both

**UOIT Affiliation:**

Department: \_\_\_\_\_

Individual (Student, Faculty, Staff): \_\_\_\_\_

Off-Campus User \_\_\_\_\_  
(please specify)

**Description of Event:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Contact**

**I hereby certify that I have signing authority and am authorized to approve this event.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Dean, VP**

**Print Name:** \_\_\_\_\_ **Position/Title:** \_\_\_\_\_

Distribution:      Original Insurance and Risk Management, Elaine Wannamaker  
                         Copy 1 Security Services, John Neil  
                         Copy 2 Student Affairs, Donna Robbins (Student Events only)