

Student Organization Intake Form
To be completed by recognized student organization

Date Received: _____

Student Organization (no abbreviations): _____ SABO Account #: _____

Primary Contact Name & Title:		Secondary Contact Name & Title:	
Email:	Phone:	Email:	Phone:

Is your organization funded for this event by RUSA Allocations/RBGA? **Please select:**

F YES: What is the amount of funds? _____ **IF NO:** Do you have Generated Revenue? **Please select:**

Event Type:	Event Name:	
Anticipated Attendance:	Proposed Location (reservation # if you have it):	
Event Date(s):	Day(s) of the Week:	
Event Time(s):	Setup Time:	Tear Down:

Description of event (please provide as much detail as possible, include supporting documents if necessary) *If a trip, must meet with advisor 30 days before:*

Will there be food and/or beverages at the event? **Please select:** _____ (NOTE: There is no food or drink permitted in academic space.)

Is this event being co-sponsored/planned with another organization, group, or department? **Please select:**

If yes, please list them here:

Is this event a fundraiser? **Please select:**

IF YES, and the funds are raised for philanthropy, please list the non-profit organization:

Please describe the nature of your fundraiser or product(s) you are selling:

Will you be charging registration and/or admission fees? **Please select:** **O** **If yes, please list the prices for the following groups:**

RU Students \$ _____ **RU Faculty/Staff** \$ _____ **General Public** \$ _____ **Children/Youth** \$ _____

Will an individual(s) or company be providing a service at your event? **Please circle: YES / NO** (NOTE: If yes, contracts may be required and need 30 days to process.)

IF YES, please explain (i.e. speaker, DJ, instructor, showing film, performer, sounds, lights etc.):

Will you be paying any expenses for the above service(s)? **Please**

IF YES, who will you be paying? **Please** _____ : **IN DIV** _____ (NOTE: If yes, contracts may be required and need 30 days to process.)

IF YES, is the individual a United States citizen? **Please** _____ :

???Will this event contain material, whether oral, written, or visual, which is sexually explicit or graphically violent? **Please** _____ :

IF YES, explain:

If your event is a trip, will there be travel, meals, and/or lodging expenses? **Please** _____ : _____ (NOTE: If yes, contracts may be required and need 30 days to process.)

Is this event open to the general public? **Please select**

IF YES, will anyone under the age of 18 be participating and/or attending? **Please select**

Please use the budget tables below to help in the planning process. Please bring it with you to any advisor meetings even if you only have estimations.

Event Expenditures	
Expense Description (Detail Itemized Expenditures)	Estimated Cost
Rental (Room & Equipment)	
Advertising	
Honorarium	
Entertainment	
Food & Beverages	
Security	
Supplies/Materials	
Costumes/Props	
TOTAL COST	

Trip Expenditures	
Advertising	
Transportation Costs	
Admissions Fees	
Food	
Lodging	
Other	
TOTAL COST	

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