Event Reservation Form for COAH, COSM, & COSS

Student Organization Name: ___________________________________________________________

Student Organization Representative: __________________________________________________

Representative’s Phone Number & UWG Email: ___________________________________________

Event Information

Event Name __________________________________________________________

Name of Person in Charge of Event _____________________________________________

Purpose of Event _______________________________________________________________

Event Activities ________________________________________________________________

Day(s)/Date(s) of Event ___________________________________________________________

<table>
<thead>
<tr>
<th>Facility/Facilities Requested</th>
<th>Alternate Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time Requested: Start _______</td>
<td>End ____________</td>
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If additional A/V equipment is needed for the event, contact CLASSROOM SUPPORT AND MULTIMEDIA @ 96459.

For events incorporating copyrighted materials, please refer to the “Copyright and Public Performance Regulations” policy at http://www.westga.edu/campus/index_8612.php

For more information, please refer to the Registered Student Organization Handbook.

DEPENDING ON THE SIZE OR NATURE OF THE EVENT, THE STUDENT ORGANIZATION MAY BE REQUIRED TO COMPLETE THE LARGE EVENT FORM & OBTAIN SECURITY PERSONNEL. The Large Event Form must be completed and submitted five working days prior to the event.

Expected Audience Attendance: ___________ How many volunteers will be working the event? ___________ 

Admission Charge: Yes __________ No __________ If yes, how much ___________

Will the University Advisor attend the event? Yes __________ No __________ Advisor: ___________________________________________

Will the event include a film ______ music ________ dancing ________ or food ________? 

If the event incorporates a film presentation or music, proof of copyright permission must be presented with the request. All events involving food must also be approved through Auxiliary Services and Risk Management.

Please list tables or chair needs for the event (appropriate areas only) ____________________________________________________

Keep in mind that your request may not be appropriate for all spaces and, therefore, may be denied. For additional information, please refer to the appropriate section in the Registered Student Organization Handbook under the “Procedures” heading.

REQUIRED SIGNATURES

Student Organizations MUST be registered with the Center for Student Involvement.

Student Organization’s President/Representative _______________________________________ Date ___________

Student Organization’s University Advisor __________________________________________ Date ___________

I understand that my group is responsible for:

1. Any technological equipment that is lost or damaged while in our possession
2. Returning the facility to a clean and orderly condition
3. Following all rules and regulations put forth in the Registered Student Organization Handbook

Signature: __________________________________________ Date: ___________