

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 _____

<i>Facility/Facilities Requested</i>	<i>Alternate Facility</i>
_____	_____
<i>Time Requested: Start</i>	<i>End</i>
_____	_____

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:* _____