

Sam Houston State University Risk Management and Event Notification Form



GENERAL INFORMATION		
Organization		Contact Name
Event Name		Contact Phone Number
Event Date	Event Level (1 – 5)	Contact Email
Event Location & Address*		Event Location Contact Name
Event Start Time	Event End Time	Event Location Contact Phone Number
Number of people attending event:		*A complete GUEST LIST must be attached for all Level 2 events.
*A copy of the signed contract must be attached.		

CO-SPONSOR INFORMATION			
Co-Sponsoring Organization	Co-Sponsor Contact Name	Co-Sponsor Contact Number	Co-Sponsor Contact Email
Co-Sponsoring Organization	Co-Sponsor Contact Name	Co-Sponsor Contact Number	Co-Sponsor Contact Email

ORGANIZATION'S RESPONSIBILITIES		
Reservation/Contract with Location	<input type="checkbox"/> Secured	<input type="checkbox"/> N/A
Security	<input type="checkbox"/> Secured/ # reserved _____	<input type="checkbox"/> N/A
Event Invitations	<input type="checkbox"/> Secured	<input type="checkbox"/> N/A
Event Wristbands	<input type="checkbox"/> Secured	<input type="checkbox"/> N/A

By signing this form, you are stating that your organization has read, understands, and agrees to comply with Sam Houston State University's Risk Management Policies. (Sororities/Fraternities also comply with their National/International Risk Management Policies).

Printed Name – President

Signature – President

Date

Printed Name – Social Chair

Signature – Social Chair

Date

Printed Name – Risk Management Chair

Signature – Risk Management Chair

Date

You must turn this form in to Student Activities at least seven (14) days prior to the event. Failure to do so will result in penalties determined by the appropriate judicial body. For questions, please contact Student activities at 936-294-3861 of studentactivities@shsu.edu.

For Office Use Only:

Signature of Student Activities Advisor	Date Received
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