

# Sam Houston State University Off-Campus Event Request Form



GENERAL INFORMATION		
Organization		Contact Name
Event Name		Contact Phone Number
Event Date	Event Level (3- 5)	Contact Email
Estimated Attendance for Event:		
*A copy of the SHSU Risk Management and Event Notification Form must be attached*		

DESCRIPTION OF EVENT

REASON FOR OFF CAMPUS REQUEST
Has your organization attempted to reserve a location on campus for this event? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, indicate location _____

**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 – Advisor	Signature – Advisor	Date

**You must turn this form in to Dean of Students' Office at least thirty (30) days prior to the event.  
Request MUST be approved before proceeding with event.  
For questions, please contact the Dean of Students' Office at 936-294-1785.**

For Office Use Only:	
Dean of Students' Office Approval	Date Received