

RETURN FORM TO Residential Education Student Housing
INNOVATIVE & COOPERATIVE HOUSING GROUP EVENT REQUEST

Sponsoring Group:

Date Submitted _____

Davis Student Cooperative (TB-13) _____

Pierce Cooperative (TB-14) _____

Agrarian Effort Cooperative (TB-15) _____

Baggins End (Domes Community) _____

Type of Event: _____

Date of Event: _____ Starting Time: _____ Ending Time: _____

Event Coordinator: _____ Phone Number: _____

Email Address _____

Phone number to contact Event Coordinator during event: _____

Number of Participants: Residents _____ Non-resident Members _____ Guests _____ TOTAL _____

YES NO

___ ___ Event will include amplified sound? If yes, you must attach permit request.

___ ___ Guests will be personally invited to this event? If yes, how will they be invited? Attach copy.

___ ___ Open House public invitation? If yes, how is event publicized? : ___ On-campus ___ Off-campus.
Indicate all methods and include attachment with proposed text: _____

___ ___ Funds to be collected (admission, ticket sales, donations, etc.). If yes, attach copy of approved fundraiser form from Student Programs and Activities Center.

___ ___ Food to be served? If catered, by which company (approved by campus – see Guideline for details)?

___ ___ Will alcohol be furnished to guests of legal age? If yes, must follow Alcohol Guidelines.

___ ___ Will there be any theme or decorations at this event? If yes, describe on back of this page.

Submit at least **14 calendar days in advance** to the Student Housing office. By signing below, the Event Coordinator and liaison indicate that the *Cooperative and Innovative Event Guidelines* have been read and agreed to. During the event, University and/or Housing staff shall be permitted to enter the premises to verify compliance with established policies. The UCD Police Department will be notified should assistance be needed to enforce compliance with these guidelines. The contact person will be at the phone number listed above throughout the event.

Signature of Event Chairperson

Signature of Liaison

Date

OFFICE USE ONLY

Status of request: Approved: ___ Approved on the following conditions: _____

Denied on the basis of: _____

Student Housing Staff Signature

Date

Copies to: Event Coordinator ___ SH ___ Police ___ **Orchard Park Office ___

**Segundo Area Office _____

**If Applicable