USF EVENT APPROVAL FORM

Contact Event Manager at (813)974-5214 for appointment
Please Complete Form and Return to the Reservations Office

A. Customer Information:
Student Organization: ___________________________ Phone# ___________________ Alt# ___________
Accountable Officer Name: ______________________ Phone# ___________________ Alt# ___________
Email: ___________________________ Phone# ___________________ Alt# ___________
Org: Advisor: ______________________

B. Event Information:
Program Title: ____________________________________________
Description: ____________________________________________

Day, Date & Time of Event: ___________________________ Location of Event: ___________________________
Admission Charge for USF Students: Y/N Amount: ___________ Admission Charge for Non-Students: Y/N Amount: ___________
Estimated Attendance: ___________________________ Students: ________ Non-USF: ________ Faculty/Staff: _______
Will your advisor be present? Y/N Is your organization A&S Funded? Y/N
Will you be using a tent? Y/N Does your event require a SG purchase order form? Y/N
Will there be amplified sound? Y/N Will anything be staked in the ground? Y/N
If, Yes please specify needed equipment: ___________________________

C. Food Information:
Will there be alcoholic beverages? Y/N
Will you be having food or beverages at your event? Y/N
If Yes, will the event be catered by the USF Dining Services? Y/N
If No, please list the specific vendors and specific foods:
Vendor(s): ___________________________ Food(s): ___________________________

If food is not being catered by USF Dining Services, please review food safety policy (available through Event Manager) and sign the statement below.
I have read and received the USF Hygiene Policy and agree to follow the guidelines and have a copy on-site for reference.
Print Name: ___________________________ Signature: ___________________________
Environmental Health and Safety Specialist: (X) ___________________________ (Email) ___________________________ (Phone) ___________________________

D. Security Policies:
- The advisor or person in charge is responsible for the event and must maintain control of the activities of people attending the event. Therefore, must be present for the entire event.
- No alcoholic beverages, illegal substances, or weapons are to be brought into the buildings on University property.
- The Guest Policy may or may not be in effect (Based on event and Event Manager’s discretion).
- Organizations are responsible for the removal of all decorations, and its own stereo equipment before building closing time.
- Food and Drinks are not allowed in the Academic Areas.
- If necessary, event staff has the authority to terminate the event.

I have read and comprehend all statements above and agree to abide by the policies as stated in the student Handbook. Failure to comply with any of these regulations will result in the sponsoring organization losing the privilege of using University facilities to host similar activities. The office Student Activities shall determine the length of any suspension.

Office Use ONLY

______________________ APPROVED
______________________ NOT APPROVED

_____________________ SIGNATURE & DATE
______________________ EMS EVENT MANAGER SIGNATURE & DATE
Food Release Form

Our organization ____________________________ is having an event to be held on

Date ________, at (location) __________________________ during the hours of

______ until ________.

It is our intent to bring in our own food purchased or donated from local retail grocers or other such businesses.

We do not hold USF Dining Services liable for any food products from outside vendors that could cause possible illness to any of our event participants. We do not hold USF Dining Services responsible for any of the set or clean up of our event. We understand that the set up, utensils, and clean up are the responsibility our organization.

The type of food that will be brought in is:

_____ Pre-packaged (like a tray from Publix).

_____ Ethnic (like Kosher)

Signed ___________________________ Date ____________