

# Student Club Event/Room Request Form

Please complete this form to request approval for hosting an event on campus if you are UNABLE to complete the request yourself in AdAstra.

Submit this completed form to the Coordinator of Student Onboarding and Organizations, Miranda McDowell, at [mmcdowell@kvcc.edu](mailto:mmcdowell@kvcc.edu) **at least 30 days in advance** for approval.

**PLEASE NOTE- We may need to reach out to you with further questions about the event being requested. Please provide as many details as possible.**

## 1. Club Information

- Club Name: \_\_\_\_\_
- Club Advisor/Student Leader: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

## 2. Event Details

- Event Type (General Meeting/General Event): \_\_\_\_\_
- Event Name: \_\_\_\_\_
- Event Date: \_\_\_\_\_
- Event Time: \_\_\_\_\_
- Event Duration: \_\_\_\_\_
- Event Location (Campus and Room Number): \_\_\_\_\_
- Alternate Location (Campus and Room Number): \_\_\_\_\_
- Maximum Meeting Attendance: \_\_\_\_\_
- Who is the primary audience? (Check all that apply)
  - Prospective Students
  - Students Only
  - Staff, Faculty, Administrators
  - Community (includes students, staff, faculty, administrators, and guests/visitors)
  - Other

**Event Details Continued:**

- How will you manage attendance? (We won't this event is open to the public; We will have attendees pre-register for the event with a maximum capacity; We will have attendees pre-register for the event with a maximum capacity but will leave space for some walk-in/drop-ins; Attendees are invited and will be asked to reply if attending/rsvp)

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**3. Purpose of Event**

- Brief Description of the Event (Please provide a summary of the event, including purpose and activities planned): \_\_\_\_\_

**4. Risk Assessment**

- All activities involve some form of risk. To help us determine the risk assessment for this event, please provide details below on what risks you think this event may present (E.G., threat of bodily harm/injury, damage to the facilities) and what strategies you may have planned to mitigate the risks:

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## 5. Event Setup and Equipment Needs

- Room Setup (e.g., seating arrangement): \_\_\_\_\_
- Equipment Required: (e.g., room computer, projector, sound system)  
\_\_\_\_\_
- Audiovisual and IT needs: (e.g., room computer, projector, microphone, etc.)  
\_\_\_\_\_
- Would you like special event sandwich board signs posted outside during the event?  
\_\_\_\_\_

## 6. Food Service

- Would you like to request to serve food or drink at the event?
  - Yes, catering with Aramark
  - No
- ALL OF THE FOLLOWING QUESTIONS SHOULD BE ANSWERED BELOW- What is the preferred location for food service setup (room, location)? What do you intend to serve (boxed lunch, buffet service, individual snack, etc)? When do you intend for food service to be set up by Aramark? When will food service be removed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 7. Promotion and Marketing

- How will you promote the event? (e.g., social media, flyers, word of mouth)

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## 8. Event Staffing

- In your opinion, does the event warrant KVCC Public Safety for Facility Services on-site during the event?                      YES                      NO
- If yes, what department do you think should be present? When do you think they should be on-site and for what purpose? \_\_\_\_\_

## 9. Budget and Funding

- Estimated Budget: \_\_\_\_\_
- Funding Sources: (e.g., club funds, sponsorship) \_\_\_\_\_
- Estimated Cost of Materials needed for event: \_\_\_\_\_
- Estimated Cost of Food and/or Drink for event: \_\_\_\_\_
- Total Estimated Cost: \_\_\_\_\_

## 10. Special Requests

- Any Special Accommodations Needed: (e.g., accessibility needs, dietary restrictions)

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## 11. Additional Notes (Include any other information or special instructions relevant to the event.)

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## 12. Approval

- Signature of Advisor: \_\_\_\_\_
- Date: \_\_\_\_\_

## 13. For Office Use Only

- Approval Status:
  - Approved
  - Denied
- Reason for Denial (if applicable):
- Authorized Signature: \_\_\_\_\_
- Date: \_\_\_\_\_
- Authorized Signature: \_\_\_\_\_
- Date: \_\_\_\_\_