



Application must be received by first authorized signor AT LEAST 30 DAYS prior to event and/or solicitation

Completed By: _____ Ext.: _____ Date: _____

Event Name: _____

Purpose of Event: _____

Description of Event (please include any critical/risk related information): _____

Date(s) of Event: _____ From: _____ To: _____

Location of Event: _____

Estimated Attendance: _____ Attendance Fee or suggested Donation: _____

Estimated Revenue (must be included): \$ _____

Person in Charge of Event (must be present): _____

Department: _____ Phone number (cell phone preferred): _____

Follow these steps PRIOR to routing for approval:

1. If/when creating promotional materials, obtain Public Information Office's (PIO) approval. **PIO Initials** _____
 - a. **PLEASE NOTE:** all promotional materials shared with the community must be reviewed by the PIO at least **five (5) days prior to printing.**
2. Complete Facility Use Form and create an additional copy
 - a. Route the original to your supervisor for approval; supervisor will route for further approvals.
 - b. Attach the copy of the Facility Use form to this request.
3. If food will be involved, approval from the Food Services Manager (FSM) is **REQUIRED** **FSM Initials** _____
 - a. **PLEASE NOTE:** FSM has first right of refusal for any outside food/s.
 - b. If approved for outside food, initial here _____ acknowledging that you agree to follow food safety protocols established by the USDA.
 - i. **For more information, visit: www.FoodSafety.gov**
4. If a cash box is needed, attach the Revenue Potential/Fundraising Deposit form.
 - a. To request cash box from Business Services Office, complete the following:
 - i. Request the cashbox **at least 24 hours prior** to the event
 - ii. Complete amount requested on fundraising deposit form
 - b. Within 24 hours, return cash box, and proceeds to BSO, and cash control form (tally sheet/receipt book)
 - i. Count total cash being returned, completing deposit section
 - ii. BSO will verify cash being returned and issue receipt.

Account in which revenue will be deposited: ASB/Co-Curricular: _____

Foundation: _____

Special Funds: _____

AUTHORIZATIONS

Immediate Supervisor	
Print Name	Signature & Date
Area Dean	
Print Name	Signature & Date
Area VP	
Print Name	Signature & Date
President or Designee	
Print Name	Signature & Date

FORWARD COMPLETED FORM TO BUSINESS SERVICES OFFICE ONCE ALL APPROVALS ARE MET

*Raffles are handled through the State Center Community College District Foundation. If interested in 'opportunity drawings,' reach out to Administrative Services.