CNU Event and Fundraising Form
All forms must be completed, signed and approved 14 days prior to each event

College of Health Sciences   College of Medicine   College of Pharmacy   College of Psychology

Organization: _____

Event: _____

Date(s): _____ Room Reserved: _____ Receptionist Approval: _____

Time: _____ Estimated hours of event: _____

Address: (Or indicate which CNU Campus location) _____

Nature of Event:

☐ Professional Meeting   ☐ Educational / Speaker   ☐ Class Project   ☐ Fundraising   ☐ Social Event

☐ Community Service   ☐ Service Learning   ☐ Other: _____

Goals of the Event: _____

If fundraising, how will funds raised be used to benefit your organization? _____

_____

Will your organization be utilizing CNU funds for this event?   ☐ Yes   ☐ No

Will you be requesting checks from your SIG account?   ☐ Yes   ☐ No   Amount Requested: $_____

What are the plans for event advertising and debriefing? _____

_____

Needs: Outside Food   Event Center   Furniture Set–Up   Janitorial Clean up

Access to building before 9am or after 5pm   IT Support

Describe: _____

Event Contacts:

Primary Contact: _____   President:_____

Phone Number: _____   Phone Number: _____

Email: _____   Email:_____

Signature: _____   Signature:_____

List names and contact information of all other people involved in managing this event:

	Name and Title	Contact Information
Local/State/National Organization		
Advisor/Preceptor/Faculty Member		

Advisor's Signature: _____   **Date:** _____   ☐ Email Approval Attached

Please submit completed form with all supporting documents to Dr. Darilyn Falck.

___

Office of Student Affairs Use Only

Event Approved: _____   Event Denied: _____   Signature: _____   Date: _____

For use of Event Center or both classrooms, approval by University Facilities is mandatory. Attach email approval.

Event Approved: _____   Event Denied: _____   Signature: _____   Date: _____

For any adjustment to room furniture set up, an email must be sent to help@cnufacilities.on.spiceworks.com at least 5 business days prior to the event.

Updated 10/5/2018

CNU Event and Fundraising Form Sign-In Sheet

Organization: _____

Event: _____

Date(s): _____ Classroom: _____

Signatures of Attendees:

Name	Title (Preceptor, Student, Etc.)	Respective Class	Signature

For any adjustment to room furniture set up, an email must be sent to help@cnufacilities.on.spiceworks.com at least 5 business days prior to the event.