



Student Organization Event Safety Planner

****You may be asked to provide this form at any point during your event. Please keep it with you!****

Organization Details:

Student Org Name	*	<input type="text"/>
Event Title	*	<input type="text"/>
Event Date	*	<input type="text"/>
ESC Meeting Date:	*	<input type="text"/>
Event Contact		
First Name:	*	<input type="text"/>
Last Name:	*	<input type="text"/>
Email Address:	*	<input type="text"/>
Phone Number:	*	<input type="text"/>
ESC Meeting Attendee (Student Org Rep)		
First Name:	*	<input type="text"/>
Last Name:	*	<input type="text"/>
Email Address:	*	<input type="text"/>
Phone Number:		<input type="text"/>
Additional Attendees:		<input type="text"/>
Event Co-sponsor(s)		<input type="text"/>
Additional Notes		<div><input type="text"/></div>
Is this Organization affiliated with CSFL <input type="text" value="-- Please Select --"/>		
Advisor to be present at event		<input type="text"/>
Advisor First and Last Name	*	<input type="text"/>
Advisor Email	*	<input type="text"/>

Schedule

Pre-event Meeting Required	<input type="text"/>
Student Org Arrival Time	<input type="text"/>
Event Doors Open Time	<input type="text"/>
Event Start Time	<input type="text"/>
Event End Time	<input type="text"/>
Additional Stipulations/Notes	<div><input type="text"/></div>

Facility/Space

Is this event being held in a special event space	*	<input type="text"/>							
Event Location	*	<input type="text"/>							
Inclement Weather Location/Room	<input type="text"/>								
Facility/Space Contact	First Name:	*	<input type="text"/>	Last Name:	*	<input type="text"/>	Email	*	<input type="text"/>
Deposit Payment Deadline	<input type="text"/>								
Balance Payment Deadline	<input type="text"/>								
Expected Attendance: UNT	*	<input type="text"/>							

Expected Attendance: Off-Campus Guests

Total Expected Attendance:

Attendance Capacity Set by ESC

-- Please Select --

Established ESC Capacity Cap and Reasoning

Equipment Needed

Cleaning Protocol

Outdoor Sound Amplification/Noise Ordinance Restrictions

Additional Stipulations/Notes

Attendance Management

Ticketing/RSVP Required

Wristbands Required:

Parking

Minors Present

Additional Stipulations/Notes

RISK MANAGEMENT

ESC Representative to Attend Event:

Role of the Student Org event staff in managing event:

Student Org Event Staff Identified by:

Event Environment (e.g., props, chemicals, hazardous materials, special effects)

Additional Stipulations/Notes

Finances

Entry Fee

Solicitation Permit Required:

Food and Beverage

Catering Source:

Alcohol Present

Insurance

Event Insurance Required

Vendor Insurance Required

Insurance Comments

Security

Security Required: *

The Police Department reserves the right to modify the security posture of an event at any point before or during the event

The details provided in the Event Application and discussed in ESC are complete and accurate, to the best of my knowledge. I understand that omissions or falsification of information, as well as violations of these procedures or other university policies or procedures could subject the student organization and me to disciplinary and/or administrative action, including a warning, fine, cancellation of the event, loss of the ability to host events on-campus for a specified period of time, or suspension.

I understand that this event has been approved by ESC to proceed with the noted stipulations, and that the student organization must report any change in event details to the ESC Chair for additional evaluation at least 5 business days prior to the event. I understand that in some cases, changes may not be able to be approved by ESC before the event and may not be allowed.

I understand that the appropriate student organization representatives must sign and return this Event Safety Planner, and as well as meet all stipulations set forth in it, by the assigned deadlines. Failure to meet these deadlines will result in the denial or postponement of the event.

This event has been approved as noted. The organization is responsible for following all guidelines required for event approval. Failure to follow those guidelines may result in disciplinary action, additional expenses or subject the event to cancellation.

SIGNATURES Event Safety Planner Deadline

Event Safety
Committee Chair:

Organization Representative:

Risk Management
Representative:

Facility/Space Representative:

Insurance
Representative:

Fraternity & Sorority
Life
Representative:

Fire & Life Safety Representative:

Event Safety Committee Chair Signature	_____ Date:_____
Facility Representative Signature	<input type="text" value="Electronic Signature Pending"/>
Police Department Representative Signature	<input type="text" value="Electronic Signature Pending"/>
Risk Management Representative Signature	<input type="text" value="Electronic Signature Pending"/>
Parking Representative Signature	<input type="text" value="Electronic Signature Pending"/>
Insurance Representative Signature	<input type="text" value="Electronic Signature Pending"/>
Youth Protection Services Representative Signature	<input type="text" value="Electronic Signature Pending"/>
Organization Representative Signature	<input type="text" value="Electronic Signature Pending"/>
Fraternity & Sorority Life Representative Signature	<input type="text" value="Electronic Signature Pending"/>
Fire Life & Safety Representative Signature	<input type="text" value="Electronic Signature Pending"/>