

CAMPUS EVENT FORM

Every Greek organization planning an event must fill out this form.

This form is due to the Center for Student Involvement at LEAST three week prior to the intended event.

It will be the sole responsibility of the Greek organization to schedule with Special Events (325-942-2021)

*****Simply submitting a campus event form does not automatically approve the event*****

Organization: _____

Event Title: _____

Event Date: _____

Start Time: _____ End Time: _____

Location of Event: _____

Individual(s) Responsible for Coordinating Event: _____

Email: _____ Phone: _____

Cell: _____

Estimated Attendance: _____ Event Open to Community Yes No

Campus Reservations Made: Yes or No

Purpose of Event?

How will it benefit the ASU community?

What will be gained from this on campus event?

*****Remember to leave the space as you found it.*****

Office Use Only

_____ DATE SUBMITTED

_____ APPROVED

_____ NOT APPROVED

Jennifer Johnson
Coordinator of Greek Life and Community
Service

