



Dixie State University
Event Sponsorship Request Form
To be filled out by a DSU Employee
and submitted to the Central Scheduling Office for Review

If this **sponsorship is approved**, proof of insurance is usually not required. DSU Dining Services must provide all food for the event at an additional cost.

Please answer the following questions:

- Yes / No** This event promotes the University's mission and objectives.
- Yes / No** This event is for professional development/recruitment.
- Yes / No** The majority of event attendees are DSU students, faculty, and staff.
- Yes / No** Will attendees and/or patrons be paying to attend the event?
- Yes / No** Are there any other off-campus facilities options that could host this event?
- Yes / No** My department/school agrees to provide their account number and pay for set-up/take-down, specialized/technical equipment, and labor hard costs.
- Yes / No** I understand the sponsor is responsible to collect event revenue and reimbursements.
- Yes / No** Is this event being scheduled a minimum of two weeks (preferred four weeks) in advance?
- Yes / No** I understand that I must contact and/or arrange needed services:
 *Police/Security (435-652-7515)
 *Dining Services (435-652-7676)
 *Event Production (435-652-7908)
 *Ticket/Box Office (435-652-7800)
 *IT/Media Support Services (435-652-7959)
 *Guest Services/Gardner Student Center (435-652-7677)
 *Risk Management and Safety (Fire Marshal) (435-653-7855)
- Yes / No** As the sponsor, I understand that I must have a DSU representative attend the event.
- Yes / No** As the sponsor, I understand that I am responsible for DSU facilities & equipment.
- Yes / No** The ability to serve alcohol at an event on DSU properties is restricted under University Policy 158. Event sponsors requesting alcohol service must receive written approval from the campus Scheduling Committee. Are you requesting permission to serve alcohol and will provide a certificate of insurance?
 *The use of DSU trademarks and copyrighted materials is prohibited without the expressed permission of DSU.
 * Future scheduling and facility use privileges are dependent on adherence to this form and DSU policy.

Today's Date:	Date of Event:	Time of Event:	Setup/Take-down (hrs.)
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Venue Requested:	Number of attendees expected:
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Event Full Name (no acronymns)

Event Description (be very specific about activities involved)

How does this event promote the Mission of DSU?
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How are university employees and/or students involved?

DSU Department sponsoring event: Dean or Director signature required (electronic signature allowed):

Signature of Budget Administrator: Signature required (electronic signature allowed):	Index Code for Billing required:
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Responsible DSU Person Attending Event: Signature required (electronic signature allowed):	Responsible Person & Mobile Phone Number:
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For Scheduling Department only

Yes/No		Yes/No	
Yes/No		Yes/No	
Yes/No		Yes/No	
Yes/No		Reservation ID:	