

DIXIE STATE UNIVERSITY

Event Sponsorship Request Form (for DSU Employees only)

Today's Date:		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.					
Event Full Name (no acronyms please):							
Event Date(s): Event Start (am/pm):		: Time	Event End Time (am/pm):	Set-up Date/Time:	Take-down Date/ Time:	Expected Attendance:	
Venue/Rooms (list all spaces please):							
Event Description (be ve	ery specific):						
How this event promotes the mission of DSU:							
How university employees and/or students are involved:							
This event promotes the University's mission and objectives. Y N This event is for professional development/recruitment. Y N This event is for professional development/recruitment. Y N The majority of event attendees are DSU students, faculty, and staff. Y N Will attendees and/or patrons be paying to attend the event? Y N Will attendees and/or patrons be paying to attend the event? Y N Are there any other off-campus facility options that could host this event? Y N My department/school agrees to provide their account number and pay for set-up/take-down, specialized/technical equipment, labor hard costs, and, if applicable, facility/space rental fees. Y N I understand the sponsor is responsible to collect event revenue and reimbursements. Is this event being scheduled a minimum of two weeks (preferred four weeks) in advance? Y N I understand that I must contact and/or arrange needed services: *Police/Security (435-652-7515) *Polining Services (435-652-766) *Event Production (435-652-7908) *Ticket/Box Office (435-652-7800) *Facilities Management and Safety (Fire Marshal) (435-652-7722) *Risk Management and Safety (Fire Marshal) (435-652-7722) *Facilities Management (435-652-7550) Y N As the sponsor, I understand that I must have a DSU representative attend the event. Y N As the sponsor, I understand that I am responsible for DSU facilities & equipment. Y N Service must receive written approval from the DSU Event Sponsorship Committee. Are you requesting permission to serve alcohol and will provide a certificate of insurance?							
*The use of DSU trademarl Communication Departm * Future scheduling and fa	ent.		•			&	
Dean or Director Signature Print & Sign:					DSU Department Sponsoring Event:		
Budget Administrator Signature Print & Sign:					Index & Account Codes for Billing Required:		
Responsible DSU Person Attending Event Signature Print & Sign:					Responsible Person's Cell Number:		
For Office Use Only Reservation ID:							