

HSU Student Event Application

Event Information

Name of Event: _____

Date of Event: _____ Day: Su M T W R F Sa Time: _____ to _____

Prep Start Time: _____ Location of Event: _____

Is your event off-campus? Yes No Do you need insurance? Yes No

How many rooms will you be reserving? Where? _____

Type of Event: Dance Concert Other: _____ Est. Attendance: _____

Is the event being advertised off campus? Yes No Admission Charge: _____

Food Served? Yes No Food Permit? Yes No

***Would you like to make your event "Zero Waste" and/or certified as "Green"? Yes No

If yes, please contact the Waste Reduction and Resource Awareness Program (WRRAP) at
wrrap@humboldt.edu or call 707-826-4162 for more information.

Contact Information

Student Organization: _____

Contact Person: _____ Phone/Email: _____

Name of professional staff member that will be available in case of emergency: _____

Office Phone Extension/Email: _____ Department on campus: _____

After Hours Contact Phone Number (in case of emergency): _____

Security

Number of Security Personnel (if applicable): _____ How are they identified? _____

Patrons inspected at door? Yes No

How will re-entry be handled? Tickets Stamps Wristbands Other: _____

Dignitaries/celebrities/off-campus speakers present? Yes No If yes, who? _____

Any other security/special needs? _____

Alcohol Served? Yes No If yes, have you obtained permission from the VPSA Office? Yes No

Will ice chests, coolers, open drink containers be permitted? Yes No

Parking/Traffic

Will you need to purchase parking permits? Yes No

Do you need a Parking Service permit (for parking in special permit zones)? _____

Is the sponsoring group or organization paying participant's parking fees? Yes No

Identify any special traffic control needs: _____

Identify any special parking needs (load/unload, busses, large trucks): _____

Organization Activity *(detailed description of organization's activity)*

Mitigation

List potential risks/problem areas associated with each component of your activity and the action steps your organization will take to mitigate them. Attach additional pages if needed.

Physical Risk: <input type="checkbox"/> Food Poisoning <input type="checkbox"/> Physical Activity (running, throwing, etc.) <input type="checkbox"/> Travel (in a bus, car, train, plane, etc.) List additional Risk: _____	How will you mitigate Physical Risk?
Reputation Risk: (Reputation risks are those things that may result in negative publicity for your organization, CSU, your advisor and/or the venue where you are holding the event.) <input type="checkbox"/> Controversial Speaker <input type="checkbox"/> Controversial Event List additional Risk: _____	How will you mitigate Reputation Risk?
Emotional Risk: (Emotional risks are those things that can cause a participant at your event to feel alienated or negatively impact the feelings of a member or members of the CSU community.) <input type="checkbox"/> New member ONLY events <input type="checkbox"/> The event may cause high stress List additional Risk: _____	How will you mitigate Emotional Risk?
Financial Risk: (Financial risks are those things that negatively impact the fiscal stability of your organization and/or organizations financially supporting your event.) <input type="checkbox"/> Event will deplete organization's funds <input type="checkbox"/> The cost of the event is being paid for by an external organization <input type="checkbox"/> Contract needed with an outside organization/speaker List additional Risk: _____	How will you mitigate Financial Risk?
Facilities Risk: (Facility risks are those things which may cause property damage, prevent your event from being held) <input type="checkbox"/> Event will occur outside <input type="checkbox"/> Expecting a large group (More than 20 people) <input type="checkbox"/> Need to alter event space List additional Risk: _____	How will you mitigate Facilities Risk?

The examples of risks on this form are not intended to be all-inclusive; rather they are intended to act as a guide for students using the form when assessing risks associated with their activities. Attach additional pages if needed.

Signatures *(please have these signed in order)*

Student Representative	Date	Phone	Org. Advisor	Date	Phone
<input type="checkbox"/> AS Program	_____	_____	<input type="checkbox"/> MultiCultural Center	_____	_____
General Manager	Date	Phone	Director	Date	Phone
Clubs & Activities Coordinator	Date	Phone	Building Coordinator	Date	Phone
University Police	Date	Phone			

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For Office Use Only (initial once completed): _____ Excel _____ FB Calendar _____ Clubs Calendar