

**Office of Student Life and Engagement**

103 University Union  
PO Box 1000  
Institute, WV 25112

**EVENT REGISTRATION FORM**

Title of Event: \_\_\_\_\_

Sponsoring Organization or Department: \_\_\_\_\_

Description of Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Event: Meeting\_\_\_ Information Table\_\_\_ Membership Recruitment Table\_\_\_  
Dance/Party\_\_\_ Activity\_\_\_ Initiation/Member Intake\_\_\_ Other\_\_\_

Date of Event: \_\_\_\_\_ Time of Event: Start \_\_\_\_\_ End \_\_\_\_\_

Event is: Closed to the Public\_\_\_ Open to the Public\_\_\_

Estimated Attendance: \_\_\_\_\_

Is this event a fundraiser? Yes\_\_\_ No\_\_\_ *If yes, what is the fundraiser for? How do you plan to use the funds raised?*

\_\_\_\_\_

*OFFICE USE ONLY: Fundraiser Approved by OSLE Director* \_\_\_\_\_

Is there an admission fee? Yes\_\_\_ No\_\_\_ If yes, students \$\_\_\_\_\_ non-students \$\_\_\_\_\_

Requested Building/Location \_\_\_\_\_

*(See the back of the form for a full list of buildings and scheduling coordinators.)*

Would you like the event included in the calendar on the "WVSU Buzz" App? Yes\_\_\_ No\_\_\_

\_\_\_\_\_

**Organization President or Department Representative:**

Name: \_\_\_\_\_ Title/Position \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Organization Advisor or Department Director or Chair:**

Name: \_\_\_\_\_ Title/Position \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The above representatives have read and agree to adhere to all guidelines and procedures as outlined by West Virginia State University and the Office of Student Life and Engagement. This includes responsibility for actions of all present at the named event and any expenses associated with such. By adding their signature, they have expressed knowledge and approval for the event.

**SUBMISSION OF THIS FORM DOES NOT RESERVE OR CONFIRM SPACE USAGE FOR YOUR EVENT.**

Please contact the appropriate building coordinator to discuss availability before submitting this form for approval. Building coordinators are responsible for ensuring that your event is set up to your specifications. Once you receive approval, confirm your requested space with the building coordinator.

**BUILDING SCHEDULING COORDINATORS**

- Capitol Center - Joseph Vannoy, Capitol Center, 304-342-6522
- Cole Complex Computer Lab - Patty Goff, 112 Hill Hall, 304-766-3065
- Cole Complex Conference Room - Julie Saldivar, 105 Cole Complex, 304-766-3156
- Davis Fine Arts Theater - Dick Wolfe, 401 Davis Fine Arts, 304-766-3188
- Davis Fine Arts Gallery - Josh Martin, 207 Davis Fine Arts, 304-766-3198
- Erickson Alumni Center - Cynthia Rakes, 200 East Hall, 304-766-3130
- Ferrell Hall Auditorium - Dick Wolfe, 401 Davis Fine Arts, 304-766-3188
- Fleming Hall - Sean McAndrews, 210 Fleming Hall, 304-766-4122
- Hamblin Hall Auditorium - Glenna Curry, 101 Hamblin Hall, 304-766-3102
- Hill Hall - Patty Goff, 112 Hill Hall, 304-766-3065
- Keith Scholars Hall Conference Room - Vikki Green, Keith Scholars Hall, 304-766-5707
- University Union - Lee Tabor, 105 University Union, 304-766-3255
- Walker Convocation Center - Sean McAndrews, 210 Fleming Hall, 304-766-4122
- Wallace Hall Auditorium - Fatiema Wilkerson, 101 Ferrell Hall, 304-766-3146
- Wallace Hall Computer Labs - Michael Anderson, 726 Wallace Hall, 304-766-3393

Requested Space Available? Yes \_\_\_\_\_ No \_\_\_\_\_  
Security Required? Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, the Public Safety section must be completed.*  
Custodian Required? Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, the Facilities Services section must be completed.*

**Building Scheduling Coordinator**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

**Public Safety** (Ferrell House)

# of officers \_\_\_\_\_ x # of hours \_\_\_\_\_ x rate per hour \$ \_\_\_\_\_ = Total Cost \$ \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

**Facilities Services** (Physical Facilities Building - Front Office)

# of custodians \_\_\_\_\_ x # of hours \_\_\_\_\_ x rate per hour \$ \_\_\_\_\_ = Total Cost \$ \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

**EVENT APPROVAL**

**Director of Student Life and Engagement** (103 University Union)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature