



**Office of Student Life and Engagement
103 University Union
PO Box 1000
Institute, WV 25112 – 1000**

Event Registration Form

Title/Name of Event: _____

Sponsoring Organization or Department: _____

Description of Event:

Type of Event: Conference _____ Dance _____ Election Campaign _____ Fraternity/Sorority Intake _____
Fundraising Event _____ Guest Speaker _____ Information Table _____ Meeting _____
Membership Interest Event _____ Social Activity _____ Other _____

Date of Event: ___/___/___ **Time:** Start _____ End _____ **Est. Attendance:** _____

Event is: Closed to the Public _____ Open to the Public _____ *(If yes, a list of guests must be provided)*

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

Would you like this event to be included in any Office of Student Life and Engagement advertising platforms? (Example: apps, bulletin boards, calendar, social media, televisions, etc.) Yes _____ No _____

If this event is a fundraiser, who/what is the fundraiser for? How do you plan to use the funds raised?

Requested Building Location and Room Number: _____

Organization President or Representative:

Name: _____ Title/Position: _____
Phone: (_____) _____ - _____ May we text this number? Yes No
Email: _____@wvstateu.edu Other Email: _____
Signature: _____ Date: _____

Organization On-Campus Advisor:

Name: _____ Title/Position: _____
Phone: (_____) _____ - _____ May we text this number? Yes No
Email: _____@wvstateu.edu Other Email: _____
Signature: _____ Date: _____

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

It is your responsibility to make sure that you obtain all of the necessary signatures prior to submitting this form to the Office of Student Life and Engagement. Contact the appropriate Building Scheduler to discuss availability. Copies of any posters and digital advertisements must also be attached. Once you receive approval, confirm your requested with the Building Scheduler.



BUILDING SCHEDULER:

- Cole Complex Computer Lab: Ms. Patty Goff, 112 Hill Hall, 304 – 766 -3065
- Cole Complex Conference Room: Ms. Julie Saldivar, 105 Cole Complex, 304 - 766 - 3158
- Davis Fine Arts Gallery: Mr. Josh Martin, 207 Davis Fine Arts Bldg., 304 - 766 - 3198
- Davis Fine Arts Theater: Mr. Micah Peggs, 401 Davis Fine Arts, 304 - 766 - 5105
- Erickson Alumni Center: Ms. Cynthia Rakes, 200 East Hall, 304 - 766 - 3130
- Ferrell Hall Auditorium: Mr. Micah Peggs, 401 Davis Fine Arts, 304 - 766 - 5105
- Fleming Hall: Mr. Sean McAndrews, 210 Fleming Hall, 304 - 766 - 4122
- Hamblin Hall: Ms. Glenna Curry, 101 Hamblin Hall, 304 – 766 – 3102
- Hill Hall: Ms. Patty Goff, 112 Hill Hall, 304 – 766 -3065
- Keith Scholars Hall: Mr. Derrien Williams/ Ms. Vikki Green, Keith Scholars Hall, 304 – 766 – 5707
- University Union: Ms. Jaleesa Nunez, 104 University Union, 304 – 766 – 3114
- Walker Convocation Center: Mr. Sean McAndrews, 210 Fleming Hall, 304 - 766 – 4122
- Wallace Hall Auditorium: Ms. Karleen Slaughter, 101 Ferrell Hall, 304 – 766 – 3191
- Wallace Hall Computer Labs: Mr. Michael Anderson, 726 Wallace Hall, 304 – 766 – 3393

TO BE COMPLETED BY THE BUILDING SCHEDULER

- Requested Space Available? Yes _____ No _____ *(If yes, Building Scheduler must sign below.)*
- Advisor Presence Required? Yes _____ No _____ *(If yes, Advisor must agree to be present and sign below.)*
- Custodian Required? Yes _____ No _____ *(If yes, Physical Facilities must agree to be present and sign below.)*
- Security Required? Yes _____ No _____ *(If yes, Public Safety must agree to be present and sign below.)*

Please Note: Physical Facilities and/or Public Safety may also require payment for services rendered or request additional safety and security measures.

Building Scheduler Signature: _____ Date: _____

Advisor Presence Agreement – I agree to be present during the event to serve as a University Representative.

Name: _____ Signature: _____ Date: _____

Public Safety (Ferrell House)

of Officers _____ x # of Hours _____ x Rate per hour \$ _____ = Total Cost _____

Title: _____ Signature: _____ Date: _____

Physical Facilities/Custodial Services (Physical Facilities/Harold McNeil Building – Front Office)

of Custodians _____ x # of Hours _____ x Rate per hour \$ _____ = Total Cost _____

Title: _____ Signature: _____ Date: _____

Event Approval (Office of Student Life and Engagement, 104 University Union)

Event Approved: Yes _____ No _____ Director Approval Required: Yes _____ No _____

Title: _____ Signature: _____ Date: _____

Director Signature: _____ Date: _____