



Sport Club:	
Event Coordinator:	Phone:

Event Information Questionnaire

<b>1) Where exactly will this local event take place?</b>		
Location:		Address:
City:	State:	Zip Code:
Phone:		Email:
<b>2) What is/are the scheduled date(s) and time(s)?</b>		
Date(s):		Time(s):
<b>3) What facilities and/or equipment will be needed?</b>		
<b>3) Does the visiting team have any needs/requests? If so, please list.</b>		
<b>4) Does the spectators have any needs/requests? If so, please list.</b>		
<b>6) Is there a post-event party/celebration scheduled?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
Location:		Time(s):
Will alcohol be served at the post-event party/celebration? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>7) What Sport Club(s) and/or teams will be participating in the local event?</b>		
<b>8) What is the plan for event relocation in the event of inclement weather?</b>		

<b>9) In the event of an emergency, who will:</b>		
a) Attend to any/all injured people?	Person #1:	Person #2:
b) Call 911	Person #1:	Person #2:
c) Meet and direct EMS and any/all emergency personnel?	Person #1:	Person #2:
d) Accompany injured individuals to the ER?	Person #1:	Person #2:
e) Notify the Assistant Director?	Person #1:	Person #2:
<b>10) ISU Participants (Please list. If more guests than slots are available, record attendance elsewhere)</b>		
Name:		Bengal ID:
<b>11) Will entry/registration fees be paid directly to the ISU Club?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
If no, what organization will entry/registration fees be paid to?		

Club President Printed Name \_\_\_\_\_ Name of Sport Club \_\_\_\_\_ Bengal ID \_\_\_\_\_

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

<b>**FOR CAMPUS RECREATION USE ONLY**</b>	
EVENT REQUEST STATUS <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	REASON FOR DENIAL (IF APPLICABLE):
SIGNATURE:	DATE: