

<b>For Internal Use Only</b>	<b>Date Processed:</b>		<b>Ad Astra:</b>	
	<b>EMS #</b>			

# Tier I Request Form for Student Organizations

(Email Tier I Event Request Forms directly to [CampusEventsOffice@csulb.edu](mailto:CampusEventsOffice@csulb.edu))

\_\_\_\_\_  
Sponsoring Student Organization

\_\_\_\_\_  
Student Life & Development Advisor

\_\_\_\_\_  
Primary Certified Officer

\_\_\_\_\_  
Secondary Certified Officer (optional)

\_\_\_\_\_  
Primary Certified Officer CSULB Student Email Address

\_\_\_\_\_  
Secondary Certified Officer CSULB Student Email Address

\_\_\_\_\_  
Primary Certified Officer Phone

\_\_\_\_\_  
Secondary Certified Officer Phone

**EVENT TITLE:** \_\_\_\_\_ **Event Date(s):** \_\_\_\_\_

**Event Start Time:** \_\_\_\_\_ **Event End Time:** \_\_\_\_\_ **Access Time:** \_\_\_\_\_ **End Access Time:** \_\_\_\_\_

**For recurring meetings, check the day(s) of the week:**      M    T    W    Th    F    S    Su

**Preferred Location(s):** \_\_\_\_\_ Upper Campus      Lower Campus

**Estimated number of participants:** \_\_\_\_\_ **Do you need access to a smart room?**      Yes    No

**Is the primary intended audience the members of your organization?**      Yes    No  
(if "No," this is not a Tier I Event. You must first meet with your SLD Advisor)

**Do you need additional services and/or equipment rentals?**    No    Yes  
(if "Yes," this is not a Tier I Event. You must first meet with your SLD Advisor)

**Will you be paying any service providers (i.e., Guest Speakers, Photobooth, Photographer, etc.)?**    No    Yes  
(if "Yes," this is not a Tier I Event. You must first meet with your SLD Advisor)

**Will you be setting up canopies?**      No    Yes  
(if "Yes," additional review/approval maybe needed by the Campus Events Office)

**Will you be viewing any movies/films?**    No    Yes  
(if "Yes," additional review/approval maybe needed by the Campus Events Office and/or your SLD Advisor)

**Event Type:**    General Meeting with No Off-Campus Speaker/Guests    Fundraiser    Tabling    Information Tabling  
Games    Social    Study Hall    Other/Special Event: \_\_\_\_\_

**FOOD:**    No    Yes (if "Yes," only Pre-Packaged Food Items that do not require refrigeration/heating are allowed)

**PAYMENT:**    ASI Agency Account # \_\_\_\_\_      ASI Grant Account # \_\_\_\_\_  
ASI Agency Account (Payment due 10 business days after event)    ASI Grant Account (Payment due 10 business days after event)  
On-Campus Department (Payment is due 2 weeks prior to event)    Off-Campus / Other (Payment is due 2 weeks prior to event)

**EVENT DESCRIPTION AND OTHER DETAILS:** Please provide event description, agenda, diagram, dates/schedule, and additional details as applicable. Attach additional pages as needed:

I agree to work with my SLD Advisor to meet CSULB policies, procedures, regulations, deadlines, and any other applicable requirements for the approval of this event. I understand that violations of campus regulations may result in the loss of privileges or other restrictions at CSULB. I understand that my organization is responsible for fulfilling all financial charges and fees associated with this request. I understand that **this form does not guarantee a reservation** and that requests are honored on a first-come, first-serve basis.

\_\_\_\_\_  
**Primary Certified Officer Signature**

\_\_\_\_\_  
**Date**

\*Tier I Request Forms must be submitted at least 3 business days in advance. No same day reservations are allowed