

For Internal Use Only

EMS # _____ Tier 1 2 3 4

Date Received: _____

Date Processed: _____

Ad Astra: _____

Event Request Form

Campus Events Office | 562.985.5205
CampusEventsOffice@csulb.edu

Please complete this form to guide you in the reservation process.
 Requests are honored on a first-come, first-serve basis; **this form does not guarantee a reservation.**

SPONSORING GROUP: Certified Student Org./Club CSULB Department OTHER: _____

Organization/Department	Email Address (CSULB Issued)
Client Name	Day Phone Number
Student Life & Development Advisor Name (if applicable)	Alternate Phone Number
	ASM Name / Email (if applicable)

EVENT TITLE: _____ **EVENT DATE(s):** _____

Preferred Location(s): _____ # of Attendees: _____

Event Start Time: _____ Event End Time: _____ Access Time: _____ End Access: _____

CSULB Intended Audience: Yes No CSULB Students % _____ CSULB Staff/Faculty CSULB Alumni

Youth (Under 18): Yes No | Dignitaries: (VIP) Yes No | Open to the Public: Yes No | Amplified Sound: Yes No

Event Type: General Meeting Banquet Conference Speaker Film Tournaments Games Special Event Other _____

Will an admission charge or donation be collected for this event? Yes No If yes,: _____

EVENT DESCRIPTION:

CLASSROOMS: Yes No Single | Recurring Preferred Location: _____ Upper | Lower

Date(s)	Day(s) of the week	Time(s) Requested
_____	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Su	Access: _____ Event: _____ to _____ #Rooms _____ #ppl: _____
_____	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Su	Access: _____ Event: _____ to _____ #Rooms _____ #ppl: _____
_____	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Su	Access: _____ Event: _____ to _____ #Rooms _____ #ppl: _____
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_____	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Su	Access: _____ Event: _____ to _____ #Rooms _____ #ppl: _____

SERVICES:

Pay & Park Parking Passes Signage (specify): _____ Smart Room: Yes No

Tables # _____ Chairs # _____ Trash Cans # _____ Recycle Containers # _____

CATERING:

Pre-approved campus caterer: Beach Catering Jay's Catering The Grand TGIS Naples Rib Co.

Alcohol: Beach Catering Jay's Catering The Grand TGIS Naples Rib Co.

Pre-packaged food Self-Preparation (SLD Certification Required)

Off-Campus Vendor (food trucks/insured caterer) (**additional process required**): _____

I have read and agree to be governed by CSULB policies, information and regulations and the statement on fundraising (when applicable). I understand that the violations of campus regulations may result in the loss of privileges or other restrictions at CSULB. Scheduling events needs to follow the Tier Classification Guidelines. As a reminder, requests are honored on a first-come, first-serve basis; **this form does not guarantee a reservation.**

Signature: _____ Date: _____