Thank you for your willingness to put on an event with Student Activities. This packet is to be used to help your planning process and help ensure success of the program you’d like to host. Please do not hesitate to speak with anybody from Student Activities if you have any questions.

This packet includes: (Student Activities Staff will initial each line when completed.)

- A room reservation form (formerly Green Sheet.)
- Chaperone Sheet
- Event application
- Marketing plan
- Purchase Order Timeline (note: purchase orders need to be signed separately.)
- Assessment plan
- Post event evaluation.
- Event Agreement

All components of this packet are to be turned in to the Office of Student Activities as they are completed. A pre-event meeting is required at least 1 week prior to the event. Please see Naomi to schedule an appointment with a member of the Student Activities Team.

Pre-Event Meeting Date: ______/______/______

Time: ________________

John    Nick    Joli
(Circle One)

Compliance with this packet and all forms included are required.
APPLICATION FOR FACILITY USAGE
Event Room Reservation Form
To be submitted with an event application.

- Write neatly or use a typewriter. Illegible forms will be returned.
- Go to http://tinyurl.com/DelhiQue to check for conflicts. See Student Activities if you have questions or need assistance navigating QueCentre.
- This form is to be turned in to the Office of Student Activities AT LEAST 10 business days prior to the event.
- Notify Student Activities of any cancellations by emailing studentactivities@delhi.edu.
- You will be notified via Delhi email if there are any issues.
- Resident Hall Assistants are to reserve space for program credit through their Residence Hall Directors.

Sponsoring Organization: ___________________ Event Name: ________________
Person Responsible for event: _______________ Email: __________ @live.delhi.edu

<table>
<thead>
<tr>
<th>Building and Room Number Requested</th>
<th>Date(s)</th>
<th>Event Time</th>
<th>Reservation Time (includes set up and take down)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Month</td>
<td>Day</td>
<td>Year</td>
</tr>
</tbody>
</table>

Will food or drinks be served? (Yes/No)
Will this event go beyond building hours? (Yes/No)
Approximate Number of People Expected: __________

Is a chaperone sheet included? (Yes/No)
*More than 30 people requires a chaperone sheet*

Equipment and Supplies

☐ Check Box if usual room set up is all that is needed with no additional equipment.
Please specify below any additional equipment you would like to request by writing the number needed:

___Chairs ___Tables ___Microphones ___Laptop ___iPad
___Sound System ___Projector ___Screen Other: ______________

Applicant’s Signature

Advisor/Supervisor Signature

Addition Signature (if needed)

Additional Signature (if needed)

Write any additional details or special requirements on the back of this sheet.
Chaperone Sheet – To be Submitted with Reservation Request

A Chaperone Sheet is required for every event with an expected attendance of more than 30 people.
   This should be turned in with the reservation form.

Club/Organization Name:_____________________________ Name of Event:_______________
Date:_____________________ Time:________________ Location:____________________

Professional Chaperone:

Only staff and faculty employed by SUNY Delhi may be considered a professional chaperone.

The chaperone(s) are required to be at the event at all times and exercise professional judgment
and control necessary to ensure that student behavior be appropriate and commensurate with the
nature of the event.

Chaperone Name:_________________________ Chaperone Signature:__________________
Chaperone Office #:______________________ Chaperone Phone#:____________________

Chaperone Name:_________________________ Chaperone Signature:__________________
Chaperone Office #:______________________ Chaperone Phone#:____________________

Organization Advisor Signature:___________________________________ Date:___________

Director of Student Activities:_____________________________________ Date:____________
Event Application Form

Name of organization(s):________________________________________________________

Proposed event name:___________________________________________________________

Requested event date:_____/_____/______

Requested event times: ___:___ am/pm to ___:___ am/pm

☐ Check box if this event has been done before.

Event Description:
Provide a detailed description of the event.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Event Budget:
Estimated Budget:$___________
Have you/will you be requesting additional allocations? Yes No
Will you be fundraising for this event? Yes No
Please provide a description of how the money will be spent (items and approximate cost.)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Will you be charging admission? No Yes ($____ for students and $____ for guests.)
Marketing Plan

All events through the office of student activities must be marketed and open to all members of the Delhi Student Community.

Digital Screen Request

☐ Check box if online digital screen request form has been completed and disregard this paper form.

Event Title:_______________________________________________________________

Sponsoring Organization(s):______________________________________________

Name of requestor:__________________________________________________________

Requestor Email:____________________________________________________________

Date and Time of Event:_______________________________________________________

Location:_________________________________________________________________

☐ I do not have a plan of what I would like and request a digital screen be made and posted.

☐ I have a plan of what I would like on the digital screen.

Use the box below to draw a general design of what you’d like on the digital screen.

☐ I do not request to see a draft before posting to the digital screens on campus.

☐ I would like paper flyers printed and distributed for this event.
Purchase Order Timeline

If anything is going to be purchased or an outside vendor brought in, the following timeline must be followed. There will be no exceptions. The date to be completed will be filled out by Student Activities.

<table>
<thead>
<tr>
<th>Task</th>
<th>Date To Be Completed</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO picked up from Student Senate Finance Clerk or CADI.</td>
<td>ASAP</td>
<td></td>
</tr>
<tr>
<td>Vendor information is completed and contracts obtained.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vendor information and contracts are turned in to Student Activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treasurer and advisor signatures are obtained.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature of Director of Student Activities obtained.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Credit Card picked up by advisor.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All receipts and purchase order sheets submitted.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Remember:

- The date to be completed may be different for different vendors or different events. This will be discussed in a pre-event meeting.
- If this event is raising money for a non-campus fund, any money spent from your budget must be returned. Only profit can be donated.
- Purchase orders must be returned. Only take as many as you need.
- All receipts must be turned in. Budget freezes will occur for lost or non-returned receipts.
- Online purchases must be done by a member of Student Activities.
Assessment Survey Plan

All events through Student Activities will be assessed.

The following are the default assessment questions:

1. How would you rate this event? (1-5 Scale)
2. What could make this event better? (Short answer)
3. How did you hear about this event? (Multiple selection)
4. What year are you? (Single selection)
5. Which gender do you identify with? (Single selection)
6. For the raffle, please give your email. (Optional, you will not get this information.)

Write any additional questions you would like asked:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

You will get an email shortly after the event with the information collected.

Please make sure to complete and submit the Program Evaluation Form within 3 business days of event.
## Post Event Evaluation Form

This form is to be completed by an E-Board member of the sponsoring organization.

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Contact Email</th>
<th>Sponsoring Organization(s)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Program Date</th>
<th>Program Location</th>
</tr>
</thead>
</table>

Thank you for hosting an event through Student Activities. Please complete and submit this form within 3 business days from the event. If you have any questions, please email studentactivities@delhi.edu or call (607)746-4565. This form will be detached from the application and logged for future reference.

Please provide a detailed overview of your event (including activities, any successes, surprises or areas in which the program could be improved):

What went well at this event?

What could have been done better?

(Office Use: Scanned and uploaded to shared drive:____/____/_____ Initials:_________
SUNY Delhi Office of Student Activities Event Agreement

Contact Name: 
Phone Number: 
Email Address: 

Collaborating Organization: 
Program Name: 
Program Date: 

The Office of Student Activities initiative is a collaborative effort focused on creating consistent and inclusive opportunities for students to socialize, connect students with leadership positions, involve students in driving programming efforts and establish programming as an integral part of the campus culture. Specifically, programs should satisfy the following learning outcomes:

- Develop meaningful and healthy interpersonal relationships
- Identify and provide fun, interactive, educational events for the campus students and community.
- Describe a sense of belonging, connectedness, and belonging in SUNY Delhi community.

The following requirements must be adhered to by all Student Activities Event Hosts.

Adhere to the Office of Student Activities Event Policy
Every event through a campus organization must follow all directions given by the office of student activities. All people involved must abide by the Student Code of Conduct regardless of if the event is held on or off campus. All events must be suitable for a general audience. No conduct that can be viewed as sexually offensive in nature or hateful will be permitted. No hateful or drug referencing speech or media will be permitted. The event chaperone and Student Activities Staff have final say in what is acceptable and the event can be cancelled at any time if needed.

Adhere to SUNY Delhi Office of Student Activities and/or CADI Purchasing Policies
All funding must abide by the policies set by the Office of Student Activities and/or CADI. Any and all receipts must be turned in within 3 business days after purchase. Please see Student Activities for any questions regarding what money can be spent on.

Event Assessment
Every event must be assessed and surveyed. It is the responsibility of the sponsoring organization to complete this during the event. A program evaluation must be completed by the sponsoring organization within 3 business days of the event and submitted to The Office of Student Activities.

Pre and Post Event Requirement
A pre-event meeting with a member of Student Activities must be held at least 1 week prior to the event. Larger events will require an earlier meeting. A post event meeting may be required for larger events.

Event Inclusion Requirement
At no time should any student be turned away from an open event by a student. Only the event chaperone or Student Activities Staff can turn a student away on extenuating circumstances.

______________________________  ________________________________  ________________________________
Club E-Board Officer                    Date                     Student Activities Staff            Date