



# UNIVERSITY OF CHARLESTON

## EVENT REQUEST FORM

This form is to be completed for any department wishing to host a University sponsored event on or off campus (excluding business meetings). This form must be completed and returned to the departments Executive Vice President/Vice President sponsoring the event at least **15 business days** prior to the event. All events should be consistent with the university standards and policies. Events are not approved until this form is signed by the EVP/VP. You will receive an e-mail notification of approval from your EVP/VP.

Department Name: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dept. Head Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Alternate Location: \_\_\_\_\_

Set Up Time: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Event Type:

Description of Event: \_\_\_\_\_

Attendance Type (Check All That Apply): Students Only \_\_\_\_\_ UC Community \_\_\_\_\_ General Public \_\_\_\_\_

\*I understand that if any outside visitors are in attendance, all individuals must wear a face covering at the event.

Estimated No. in Attendance: \_\_\_\_\_

Will you need UC Catering to assist with set-up? \_\_\_\_\_

Have you contacted UC Catering to find if the date, time, and space is available? Yes \_\_\_\_\_ No \_\_\_\_\_

Will food and/or drinks be present at this function? Yes \_\_\_\_\_ No \_\_\_\_\_

I have read and understand the Return to Campus Plan and understand the policies and guidelines that must be followed while planning on or off campus university sponsored events. I also certify that the information on this form is accurate and as host(s) accept responsibility for the event. I understand the event is not approved until I have received written confirmation from my departments Executive Vice President/Vice President. I also understand that the event can be cancelled (at any time) due to health and safety concerns, and I will be notified by my Executive Vice President/Vice President.

\_\_\_\_\_  
Signature of Event Contact Person

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Department Head/Dean

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of EVP/VP

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
Date:

Completed Form should be sent to [COVID-19@ucwv.edu](mailto:COVID-19@ucwv.edu) after EVP/VP signature.