



PROGRAM REQUEST FORM

Club Name:

Main Contact:

Phone:

Email:

Advisor Name:

Email:

Will your event require?

- Waivers or insurance? Yes No
- Safety and Security? Yes No
 - Signature of Safety and Security Representative Req: _____
- Plant and Facilities? Yes No
 - Signature of Plan Representative Req: _____
- Contractual Agreements? Yes No
 - Note: Contracts **MUST** be approved before they are signed.
- Catering (Sodexo is the contracted caterer on Campus)? Yes No

Date of Program:

Program Time (begin/end):

Attendance Expected:

Program Name:

Program Location:

Targeted Audience:

Program Description (please be detailed):

Partnership with other clubs? Yes No

- Additional Club Name:
- Contact Name: _____ Email: _____
- Advisor Name: _____ Email: _____

Funding Source (club fund, CSC Proposal?):

If CSC Proposal, has the proposal been submitted online already? Yes No

Please describe the goals and desired outcomes of the program:

Club President Signature

Date

Club Advisor Signature

Date

CSC Program Approval

Campus Program Coordinator

Date

CSC Chair Signature

Date

Student Programs

ASSP

Submit Completed Document to:

SharePoint

Questions and Concerns can be directed here:

ASSP Club Executive Director

assp-clubexec@spu.edu

206-281-2126

****Upon event completion, an Event Assessment Form must be completed and submitted within 2 weeks****