

University of Florida Office Event Request Form

Name of Event: _____

Event Website: _____

Organization/Group/Individual Sponsoring Event: _____

This event is sponsored by:

____ University Dept. or Division

____ Not-For-Profit Organization

____ Non-UF Organization (Individual or Group)

____ UF Student or Student Group

____ Public Agency (U.S., FL, Local)

____ Other _____

Is this event co-sponsored? ___No ___Yes; If yes, with whom? _____

Contact Name: _____

Address: _____

Phone: _____

Cell: _____

E-mail: _____

Fax: _____

Requested Location(s) & Room #: _____

Submitting a permit request does NOT reserve the space for an event. Please go through the office that manages the space.

Date(s) of Event

Event Hours

Anticipated Attendance

Brief description of event: _____

Are you: ___selling tickets ___accepting donations (Ref. 6C1-2.012)

___selling a product: if so, list item(s) and price(s) _____

Will there be promotional/giveaway items ___No ___Yes. If Yes, give brief description

(Ref. 6C1-2.0151)

This event: ___ requires an entry fee of \$___ **OR** ___ is FREE to: ___UF Students/staff/faculty _____

How much money do you anticipate collecting: \$ _____

Money collected will be used for*: _____

Name of charitable organization: Participants pre register online for event _____

and/or Educational purpose _____

University Rules state that the solicitation and collection of funds or the sale of new merchandise by registered student organizations is allowed **as long as funds are used to benefit a charitable institution or used for an educational purpose (travel, conference registration, training, retreat, etc.)**. Areas approved for fund-raising activities: **Plaza of the Americas, Turlington Hall area, and reservable outdoor space at the Reitz Union (Colonnade, North Lawn, & South Terrace)**. Student organizations should use good business practice, are responsible for keeping track of the funds that are raised and will be held accountable if the University is audited.

Will there be **music**: ___No ___Yes: If yes, please describe (ex: portable radio or live music): _____

Do you have any of the following:

___Sound System _____

___Tables/Chairs (if yes, does organization own them?) ___Yes ___No

___Tents Size of Tent: _____ Free Standing (**circle one**): Yes No

Date up: _____ Date Down: _____

Owner/Rental Company _____

___Other _____

Are you serving **food**: ___No ___ Yes (**If yes, you may be required to complete a food form**). (Ref. 6C1-2.020)

Food provided by**: _____

It is encouraged to use a **UF Approved Caterer (<https://www.bsd.ufl.edu/catering/>) to provide food and beverages for your event. If your selected caterer is not a UF Approved caterer, you may contact Business Services to inquire about having your caterer approved. Should you choose a non-UF Approved caterer, they must be a licensed food vendor and they may not deliver food on campus, someone within your organization must pick up the order. Additionally please complete the Public Health Compliance form and return with this form. Please contact our office if you would like to self-cater your event, a Self-Catered Food Form is needed.

This completed and form **MUST BE RETURNED** to the Vice President's Office for Business Affairs
in 204 Tigert Hall **TWO WEEKS PRIOR TO THE EVENT**.

Revised 5/2018

Will any of the organizations involved be contracting with a **speaker or performer**? ____ If so, list all: _____

Will there be **alcohol** provided? ____ No ____ Yes (**If yes, you must complete an Alcohol Request Form**). (Ref. 6C1-2.019)

Will **Banners** be displayed prior to or during the event? ____ No ____ Yes (Ref. 6C1-2.016)

Brief Description of Banner _____

Will live animals be used as part of this event? ____ No ____ Yes (Ref. 6C1-2.021)

If yes, brief description of animal use, care and housing for this event: _____

Does the event include any of the following?

____ Athletic or physical recreational activity or competition

____ Use of fireworks, open flames, or other pyrotechnics

____ Use of firearms/other weapons

____ Use or demonstration of compressed gases or chemicals

____ Construction or demolition work

____ Operating motorized vehicles (internal combustion or electric)

____ Operating gravity/human powered vehicles/skates, skateboards

____ Use of scaffolding/platforms/elevated surface with >3 ft. drop at edge

____ Use of climbing walls/trampolines

If yes, described each checked element in detail: _____

University Police Department (Lt. Matt Davis)

____ APPROVE ____ DISAPPROVE

____ APPROVE WITH FOLLOWING REQUIREMENTS:

NAME _____ DATE _____

Environmental Health & Safety (Dr. William Properzio)

____ APPROVE ____ DISAPPROVE

____ APPROVE WITH FOLLOWING REQUIREMENTS:

NAME _____ DATE _____

Event:

____ APPROVED ____ DISAPPROVED

____ APPROVED WITH CONDITIONS:

Vice President's Office, Business Affairs

Date

(Send a copy of the approved form to the Student Activities Office if students are requesting the event.)

Event Conditions: