

Sponsor/Co-Sponsored Event Approval Form

Date of Request: _____

Co-Sponsoring Goucher Department/Office:

Department/Office	
Liaison(s)	
Phone Number and Email	
On-Site Contact Person*	

*A member of the sponsoring department must be on-site at all times to serve as the event manager, will assist with event logistics, and will represent Goucher College and the sponsoring department/office.

Sponsored Organization/Company Name:

Address	
Contact Person	
Contact Person Phone and Email	
On-Site/Day of Event Contact Person Name	
On-Site Contact Person Cell Phone	
Tax Exempt? (if yes, must submit certificate)	

Sponsored Organization Event Information:

Event Description	
Event Name	
Event Start Time	
Event End Time	
Estimated Number of Attendees	
Event Type (please indicate one)	Meeting Banquet Lecture Conference Other
Event Open to the Public	Yes No
Event Registration Fee/Ticket Price	
Add Event to "In the Loop" for Advertisement?	
Catering/Food Services (Bon Appetit is required for sponsored events)	
Alcohol Being Served?	

A/V Technician Needed? If so, what are the needs?	
How will this Event Benefit the Goucher Community? How will it be advertised?	

Sponsored Organization Facility/Space Request

Facility/Space(s) Requested	Current Rental Rate* (as of _____)	Discount Applied

**Rental rates must be listed for final approval and can be obtained through the Events Office.*

Sponsored Organization Services Required (Contact Events Office if any questions)

Public Safety Officer	\$40/hour/officer/4 hour minimum	
Environmental Services Technician	TBD	
A/V Technician	\$42/hour	
Grounds Services	TBD	
Other		

Who to bill for required services (including A/V Technician): CIRCLE ONE

- Co-Sponsoring Goucher Department/Office (Account Number) _____
- Sponsored Organization

Sponsored Organization Shall Provide the Events and Conference Services Department:

- Signed Agreement (if necessary)
- Certificate of Insurance (Goucher College must be listed as an additional insured)
- Tax Exempt Certificate (if applicable)

Co-Sponsored Department Liaison:

_____ Date: _____
 Print Name Signature

Form must be approved by departmental Vice President/Provost

_____ Date: _____
 Print Name Signature

Please Note:

- Goucher department/office is responsible for entering the facility/space/service(s) into EMS.
- Completion of this form does not confirm the requested facility/space/services(s).
- Requests must be received by the Events Office a minimum of thirty (30) days prior to the event date to be reserved.
- Please await confirmation by the Events Office prior to advertising event.