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
- Chaperone Sheet
- Event application
- Marketing plan
- Purchase Order Timeline (note: purchase orders need to be signed separately.)
- 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:______________
Larry Nick Joli
(Circle One)

Compliance with this packet and all forms included is required.
APPLICATION FOR FACILITY USAGE
Event Room Reservation Form

- Write neatly or use a typewriter. Illegible forms will be returned.
- 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.
- Forms with errors will be turned back to the organization mailbox.
- 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

Equipment and Supplies

<table>
<thead>
<tr>
<th>Building and Room Number Requested</th>
<th>Date(s)</th>
<th>Event Time</th>
<th>Reservation Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Month</td>
<td>Day</td>
<td>Year</td>
</tr>
<tr>
<td>Will food or drinks be served?</td>
<td>Yes</td>
<td>No</td>
<td>Approximate Number of People Expected: __________</td>
</tr>
<tr>
<td>Will this event go beyond building hours?</td>
<td>Yes</td>
<td>No</td>
<td>Is a chaperone sheet included? Yes</td>
</tr>
</tbody>
</table>

☐ 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.
A mark that is not a number will be considered as 1.

___ 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 #: ____________________

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.)
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
Marketing Plan

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

If you wish to create your own marketing, please ensure that all materials are in landscape format to be displayed on the digital marketing screens. Portrait orientated flyers will be denied. All paper materials must be approved by The Office of Student Activities prior to posting. Please follow all posting policies per building.

Digital Screen Request

Event Title:__________________________________________________________

Sponsoring Organization(s):______________________________________________

Name of requestor:_______________________________________________________

Requestor Email:________________________________________________________

Date and Time of Event:__________________________________________________

Location:_______________________________________________________________

Use the box below to draw a general design of what you’d like on the digital screen.
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.
- The Student Activities Staff is happy to help take you and your club shopping in Oneonta, just ask at least 1 week in advance.
- 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.
Post Event Evaluation Form
This form is to be completed by an E-Board member of the sponsoring organization.

Contact Name  Contact Email  Sponsoring Organization(s)

Program Name  Program Date  Program Location

Estimated Attendance:_________
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. Failure to complete this form will result in programming and budget freezing. 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. Members of the sponsoring organization must not be under any influence of alcohol and/or drugs during the event. It is up to the sponsoring organization to clean up the venue after an event. 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 three (3) business days after purchase. Please see Student Activities for any questions regarding what money can be spent on. Failure to submit receipts may result in budget freezing.

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

Marketing Policies
All marketing for SUNY Delhi Student Senate sponsored events must be approved by The Office of Student Activities prior to posting. Adherence to all building posting policies is required.

Event Inclusion Requirement
At no time should any current SUNY Delhi 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.