

Office of Student Life
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Student Organization Council
Landon Student Union, Suite 206D
11300 NE 2nd Ave
Miami Shores, FL 33161

Program Proposal/Space Request Form for Student Organizations

Directions: This form is due to the **at least two weeks prior to the event** (see specific number of weeks needed below). One sheet must be filled out for each event/program except for consecutive meetings. Submission of a form does not guarantee the event will be approved. Correspondence and a final confirmation will be sent to the President using his/her Barry email. **Incomplete forms will NOT be processed.**

Student Organization Name: _____

President Name: _____ Phone #: _____

Name/Title of Event: _____

NOTE: The title of the event written here, will be what is advertised on the Barry website and calendar.

I. PRELIMINARY EVENT DETAILS

Description of the event – What is the event? What is the purpose? Why should students attend? **MUST BE COMPLETED**

Who will be attending? Barry University community Open to the PUBLIC

Names of collaborating university offices, departments, or clubs (if applicable): _____

*****COMPLETE THE BOTTOM SECTION BASED ON THE SPECIFIC TYPE OF EVENT IF APPLICABLE*****

II. RECURRING MEETINGS AND TABLING

EBOARD/GENERAL MEETING ROOM								TABLING							
<i>Request at least 1-2 week prior. NOTE: Academic has priority over academic classrooms/spaces at the start of each semester.</i>								<i>Request at least 1 week prior. NOTE: If you intend to table with non-Barry affiliated groups, you must receive approval prior to.</i>							
How many times will you be meeting?								Bake Sale/Fundraiser (sell items or services for profit)							
<input type="checkbox"/> Once <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Random occurrence								<input type="checkbox"/> Recruitment (gain more members) <input type="checkbox"/> Event Promotion (advertise an upcoming event)							
Day(s) of the Week	M	T	W	Th	F	Sa	Su	Day(s) of the Week	M	T	W	Th	F	Sa	Su
First Date				Last Date				First Date				Last Date			
Start Time				End Time				First Time				End Time			
#1 Location Preference								#1 Location Preference							

III. CAMPUS PROGRAMMING

PROGRAMMING EVENT

Request at least 3-4 weeks prior. Note: Please see the university's Guest Speaker Policy for policy on inviting and hosting non-university affiliates to campus.

#2 Location Preference		#2 Location Preference	
#3 Location Preference		#3 Location Preference	

A. Date, Time & Location

STEP 1: CHOOSE A DATE

#1 Date	2 nd Date (back-up)	3 rd Date (back-up)

STEP 2: CHOOSE A LOCATION

#1 Location Preference	2 nd Location Preference	3 rd Location Preference

STEP 3: CHOOSE A TIME

Set-up Time	Start Time	End Time

B. Preliminary Questions

1. Will you be decorating the space? Yes _____ No _____

a. If yes, what will you be doing/using?

b. Restrictions & Regulations:

- i. Decorations cannot violate any fire or safety codes. Windows, doors, and fire exits must not be blocked. All cords (electrical and extension) must be taped down. Hanging decorations from light fixtures and ceilings can be hazardous and is not acceptable unless approved by Conference & Event Services, and facilitated by an approved vendor. Objects that may puncture or damage the walls, tables, chairs, or other furniture/facility is prohibited.
- ii. The following items are prohibited (burning candles/incense, sand, glitter, and confetti). Blue painters tape is allowed, however no scotch, duck, or packaging tape on the walls.
- iii. Smoke machines can set off the fire alarm. Strobe lights can cause seizures. Laser lights can cause related health issues (ie. PTSD, flash backs, etc.).

2. Will there be a guest speaker/performer at the event? Yes _____ No _____

a. If yes, Name(s) of guest speaker(s) & affiliation: _____

3. Is payment required for entry? Yes _____ No _____

a. If yes, if so how much? _____

4. Will there be any physical activities such as games, sports or competitions? Yes _____ No _____

a. If yes, details: _____

IV. EVENT PLANNING DETAILS: PROGRAMMING EVENTS ONLY

*****This must be completed in full in order to properly reserve your space*****

I. How many students do you expect at your event: _____

II. Tables

a. Round or 6" Rectangular tables? _____

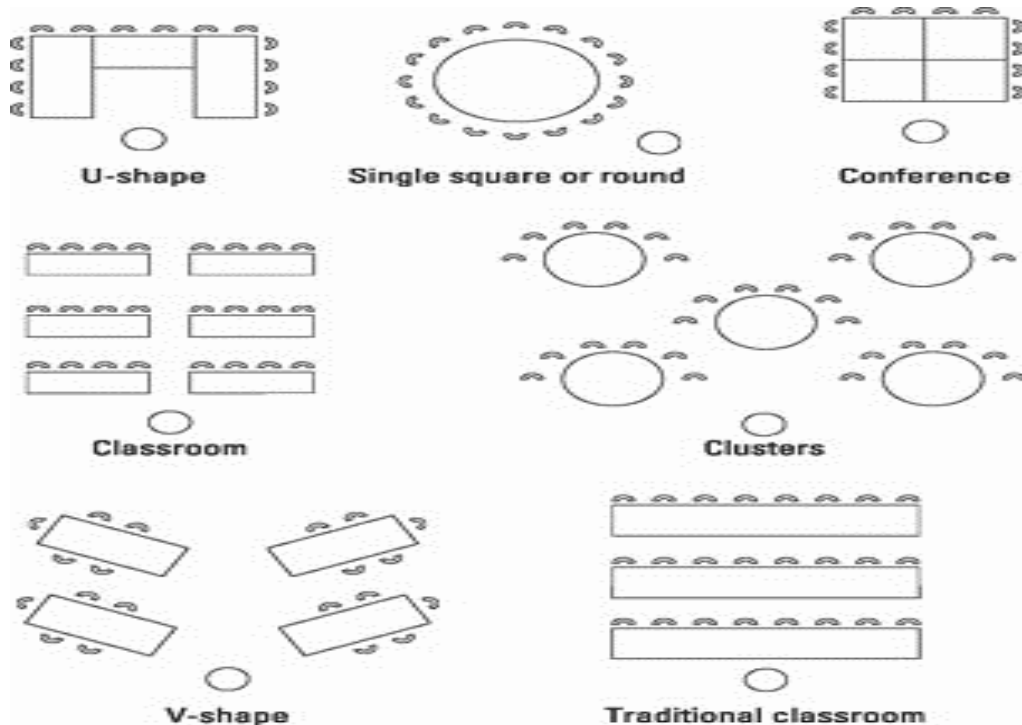
b. Hi-Tops? _____

c. How many tables? _____

III. Chairs (How many?) _____

IV. Do you need trash or recycling bins (Yes/No)? _____ If yes, how many? _____

Circle one of the following for special events:



*****Diagram must be attached (i.e. tables, chairs, DJ booth, etc.)****FAILURE TO PROVIDE WILL DELAY APPROVAL***

CHECK TO REQUEST ITEMS:

TV/VCR/DVD	Screen	LCD Projector (inside use)	Podium
Audio/Sound Capabilities	Microphone (Cordless or Corded)	Stage	Laptop
Pipe & Drape	Rolling Cooler	Media Cart	Speakers w/ Aux
LED Lights How many?		Other:	

Will there be food and/or beverages at your event? ____ Yes ____ No

What kind of food/beverages will be served? _____

Will alcohol be served (beer and wine only)? ____ Yes ____ No

What vendor will be used? _____

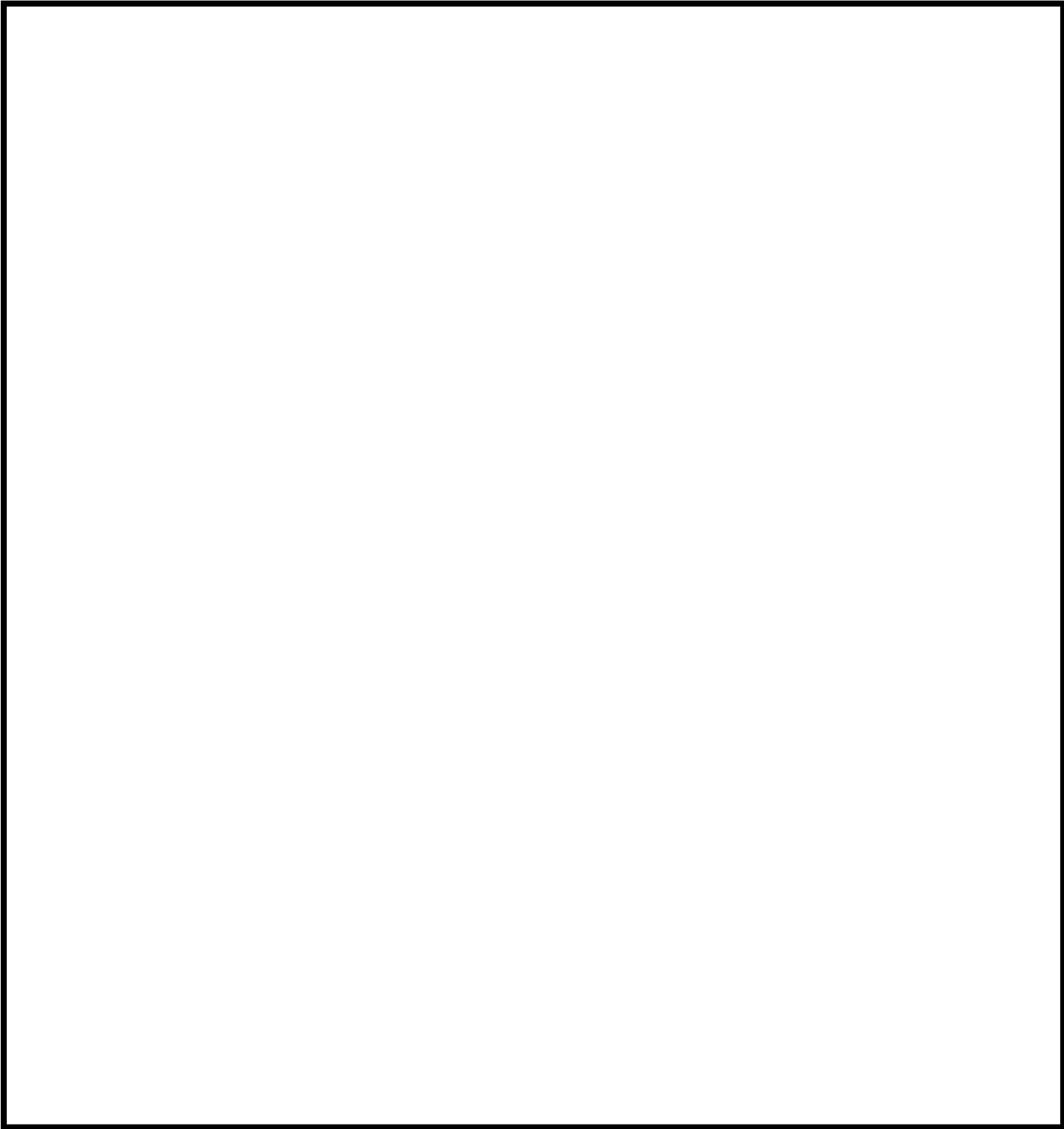
Copy of Business License and Insurance must be on file with Barry University

Note to President and Advisor:
 By signing this document the President and Advisor are stating they will be responsible for all incidents related to this event. Additionally, it is acknowledged and confirmed that the Advisor will need to be in attendance if required per the type of event.

President Signature: _____ **Date:** _____

Faculty/Staff Advisor Signature: _____ **Date:** _____

Diagram



COVID Protocol

Please provide a detailed description of the schedule of events and sanitization protocol for your event.