



**Riverside Campus Reservations
Department of Student Activities
ORGANIZATION EVENT PLANNING FORM**

ONE KEY TO A SUCCESSFUL EVENT IS GOOD PLANNING. THIS PRE-EVENT PLANNING FORM PROVIDES YOUR ORGANIZATION WITH A SERIES OF QUESTIONS TO CONSIDER PRIOR TO ENGAGING IN AN ACTIVITY. YOUR ORGANIZATION IS ENCOURAGED TO USE THIS VALUABLE TOOL IN CONJUNCTION WITH OTHER RESOURCES TO COLLABORATIVELY PLAN YOUR EVENT WITH YOUR ADVISOR AS WELL AS OTHER CAMPUS PROFESSIONALS.

★ Please keep in mind that all activities should be consistent with university rules, policies, and procedures as well as the mission/purpose of the organization. ★

Please contact Brenda Hefner (979.845.6270 or bhefner@ppfs4.tamu.edu) to confirm the event date is available, to pick up the keys and receive the gate code. Ms. Hefner's office hours are 7:00am-3:30pm, Monday through Friday.

If you have questions, please call a member of the Risk Management and Organizational Development Team at 458.4371 or risk@stuact.tamu.edu. Additional resources at: studentactivities.tamu.edu/risk.

Name of Organization: _____

Individual(s) Responsible for Coordinating Event _____

Name *Position*

Email

Phone Number

Organization Advisor _____

Signature (denotes review)

Email

Title of Event/Activity: _____

Chapel Activity *(Must be approved by Bob rudder, 845-2281 or b-rudder@tamu.edu)* _____

Signature (denotes review)

Campus Activity *(Must be approved by Chuck Rhea, 458-1182 or chuckrhea@tamu.edu)* _____

Signature (denotes review)

Type of Event:

- Fundraiser Conference/Seminar Program
- Retreat Social Activity Other _____
- Open Event:

★ Open to the campus, general public, or students at other colleges or university and expected to draw over 150 participants
Complete the Open Event form at studentactivities.tamu.edu/stuactweb/riskpages/RM_Forms.htm

Dates of Event: _____ **Number of People Attending** _____

★ *(Please contact Brenda Hefner to verify and confirm the event date is available. Make sure that you also consult the University Calendar to determine if the date is available and is the optimal time for hosting this type of event <http://www.tamu.edu/>)*

Start Time: _____ **End Time:** _____

Will the advisor attend? Yes No

Other student organizations or departments involved: _____

★ *This could include any national organization involved in the activity.*

How does this event/activity promote with the mission of the organization? _____

PLEASE COMPLETE THE REVERSE SIDE AND TURN IT INTO THE DEPARTMENT OF STUDENT ACTIVITIES

RISK MANAGEMENT

Provide a brief description of the event/activity that you are planning: _____

Complete the worksheet below to demonstrate your approach to managing risk:

Please list the different potential problems/risks & mitigators that you have in place for your event for each type.

| | |
|-------------------|--|
| Physical | |
| Reputation | |
| Emotional | |
| Financial | |
| Facilities | |

How will the organization be traveling to Riverside Campus?

Individual Transportation Carpool Other _____

★ Please note the gate is secure and security codes are not to be posted or distributed to individual group members. Please have someone at the gate to let your party onto the campus.

Will there be activities held outside? Yes No

If yes, what types of activities will be held? _____

★ Please note that due to the nature of the activities that take place on Riverside Campus, sightseeing is not allowed. Please also note that activities can only take place within the parameters you have been assigned. Please sign to verify that you have read, understand, and will comply with this request. _____

Signature (denotes review)