

University contact				
Name:				
Phone #:		Email:		
University department head		b		
Name:				
Phone #:		Email:		
Outside organization				
Organization name:				
Contact's name:				
Phone #:		Email:		
Event information			•	
Event name:		Approximat attendees:	e#of	
Budget code(s):				
Start date:		Start time:		
End date:		End time:		
**Will minors (under the age of 18) be at this event?	Yes / No	Will there be food at the event?	Yes / No	
Brief event description or sumn	nary:	university and h	e benefit of the relationship to the now the partnership will further the rectives of the university:	

Which facility have you reserved through EMS?: Marcus Pavilion Norman Worthington Conference Center Charneski Recreation Center Field (baseball, softball, track) Other:	Who is your target audience (select all that apply)? Saint Martin's faculty, staff, students, alumni President Provost Trustees Cabinet Community members		
Approvals			
SIGNATURE OF DEAN OR VP:	SIGNATURE OF PROVOST:		
DATE:	DATE:		

Important: Once printed and signed, please upload a scanned copy of this form and submit your completed external event proposal online: <u>www.stmartin.edu/ExternalEventProposal</u>

**If minors are to be on campus as a result of the event, the organization is required to complete the following:

- 1. Supervision of Minor's Policy, provided by Event Services
- 2. Provide a list of all event participants and program staff members to the Saint Martin's University Program Director or Program Supervisor requesting this event to be held on campus.
- 3. Provide a plan for notifying parents or legal guardians in the event of an emergency.