

Student Event Registration Forms are ONLY approved by Jonathon Sorge during the following times:

Monday & Wednesday 3:30pm -5pm
Tuesday & Thursday 11:00am-12:30pm



Student Event Registration Form

Please refer to student program event management policy

Instructions (Please read carefully) – Complete the following form in the order presented. This form must be returned to the Scheduling Office one week prior to your event. Failure to do so will result in the cancellation of your event. No publicity may be disseminated with the completion of this form.

The event shall not exceed _____ people as agreed by the Rider University Department of Public Safety and/or the Office of Campus Life, and the sponsoring group. Failure of a group to adhere to the attendance numbers listed above or the event management policy will be subject to loss of room reservation privileges.

Sponsoring Group _____

Event Title _____

Program Description _____

Event Time: From _____ To _____ **Date of Program:** _____ **Location:** _____

How many non Rider University guests are expected? _____

Signature _____ **Date** _____ **Phone #** _____ **Email:** _____

_____ **Facility reservation form completed**
(Tentative Status)

_____ **University Scheduler's Initials:** _____
(Christa Martin X 5326, 9am – 11:30am & 1pm – 5pm)

Does your group have a copy of the “Student Program Event Management Policy”? Yes _____ No _____
(If “No” Please obtain a copy from the Coordinator of Student Programs, X 7128)

Group Advisor _____

Signature _____ **Date** _____ **Phone #** _____

Will the advisor be present for the duration of the event? Yes _____ No _____ (check one)
IF EVENT ATTENDANCE IS OVER 100 PEOPLE OR IF THE EVENT HAS NON RIDER ATTENDEES THE ADVISOR IS REQUIRED TO ATTEND

(PLEASE TURN OVER THE FORM TO COMPLETE)

Coordinator of Student Programs _____ Date _____
(Jonathon Sorge, x7128 – BLC Student Affairs Suite)

FOR NON-PASSIVE EVENTS ONLY

Event Classification – Level 1 _____ Level 2 _____ Level 3 _____ Level 4 _____

Other _____

Signature _____

Other _____

Signature _____

Public Safety (Frank Scharibone, x5724 – General Services Building)

Print Name _____ Signature _____ Date: _____

Final Approval (Coordinator of Student Programs, Jonathon Sorge)

Signature _____ Date _____

Special Notes _____

**A COPY OF THIS COMPLETED FORM IS NEEDED TO APPROVE PUBLICITY FLYERS
THROUGH THE OFFICE OF CAMPUS LIFE**

TO BE COMPLETED BY THE OFFICE OF CAMPUS LIFE

Program Reminders

_____ Advisor Presence Required

_____ LTPD Required

_____ Rider Public Safety Required

_____ Guests Authorized

_____ Guest list must be submitted to the office of campus life. In addition a guest sign in list must be present at the entrance to the event and present that list to the office of campus life the following business day.

_____ Ticket Sales authorized (If yes – you must contact the Ticket Booth Clerk at X 7770)

PLEASE BE SURE TO COMPLETE BOTH SIDES OF THIS FORM