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 ____________ Rider Students 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? __________________________

Student Responsible for Event:

Print Name: __________________ Signature __________________ Phone # __________ Email: __________

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

(Once the front of this form is complete please meet with Andrew LoBrace)

Coordinator of Student Programs __________________________________________

(Andrew LoBrace, x7128 – BLC Student Affairs Suite)
Online Form Completed ____

FOR NON-PASSIVE EVENTS ONLY

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

Other ________________________________________________________________________________

Signature _______________________________________

Christina Gonzalez-Aguirre (Auxiliary Services, 2nd floor of the SRC, x7709)

Signature _____________________________________________________________________________

Public Safety (Michael Yeh, x5724 – West House)

Print Name ___________________________ Signature _________________________ Date: __________

Final Approval (Coordinator of Student Programs, Andrew Lobrace)

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

<table>
<thead>
<tr>
<th>Program Reminders</th>
<th>Classification: (To Be Completed by Andrew Lobrace)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advisor Presence Required</td>
<td>Religious Entertainment Greek/Informational</td>
</tr>
<tr>
<td>LTPD Required</td>
<td>Religious Social Greek/Educational</td>
</tr>
<tr>
<td>Rider Public Safety Required</td>
<td>Entertainment Greek/Entertainment</td>
</tr>
<tr>
<td>Guests Authorized</td>
<td>Informational Greek/Social</td>
</tr>
<tr>
<td></td>
<td>Recreational Greek/Recreational</td>
</tr>
<tr>
<td></td>
<td>Social Greek/Service</td>
</tr>
<tr>
<td></td>
<td>Educational</td>
</tr>
<tr>
<td></td>
<td>Greek/Greek/Informational</td>
</tr>
</tbody>
</table>

_____ 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