

PROGRAM REGISTRATION FORM FAU Broward Campuses

All student groups (clubs/organization, student government, student government agencies, etc) are **required** to fill this form out for **any** event on or off campus (including regular meetings). This form **must** be completed in its entirety and submitted to the Student Development and Activities Office **seven (7) days prior** to the event date. For **Davie event** submit form to **Liberal Arts, room 117**. For **Downtown and SeaTech event** submit form to **Higher Education Complex, room 507H**.

As a registered student of Florida Atlantic University and a registered officer of the below organization, I verify that I have read the Student Development & Activities Club & Organization event policy and will assume all responsibility on behalf of:

(Name of Organization/Club/Agency/Student Group/Indivi./ Non-Affiliate) (E-mail) (Today's Date)

(Print Name of Authorized Contact Person) (Authorized Contact Signature) (Phone #)

(Advisor's Name) (Advisors Phone #) (Advisor's E-mail)

On Campus Account Number: _____

TITLE OF PROPOSED EVENT: _____

Description: _____

Proposed event Date(s): _____ **Start Time:** _____ **End:** _____

*Performance Fee: _____ **Contracts Required:** _____

* If contracts are required, please check with the Office of Student Activities. Students may not sign contracts.

Amplified Sound (including music): Yes _____ No _____ only permitted Student Activities Center and the Breezeway (Davie)

Location: _____

Number of Tables Needed: _____ Number of Chairs Needed: _____

Work Order Request Form may need to be submitted. For specific set up a diagram must be attached.

Attendance Expected: FAU Students: _____ Non Students: _____

Tickets sold: Yes _____ No _____ **Cost(s):** FAU Students _____ Non Students _____

Where Available: _____ and/or When Available: _____

Food being served: _____ **Alcohol being served:** _____

Served Free: _____ Sold: _____

(Note: Additional written permission and approval is required any time alcohol is to be served or sold.)

NOTE: THIS SECTION FOR UNIVERSITY USE ONLY

Date Received: _____ **Approved:** _____

Signature of Approved Area
Student Development and Activities – Terry Mena
Wellness Center / Sports Clubs – Melissa Holt
Greek Affairs Coordinator – Emery W. Burk, II, SS 226

Date

Other Forms, if necessary; Approved

Room Request _____

Work Request _____

Flyers/Poster Request _____

BCS Request _____

Food Permit _____

Approved

STUDENT DEVELOPMENT AND ACTIVITIES PROGRAMS SHOULD PROVIDE ENVIRONMENTS IN WHICH STUDENTS AND STUDENT ORGANIZATIONS ARE AFFORDED OPPORTUNITIES AND ARE AFFORDED ASSISTANCE TO (*CAS-STUDENT ACTIVITIES 2003*):

1. Participate in co-curricular activities
2. Participate in campus governance
3. Develop leadership abilities
4. Develop healthy interpersonal relationships
5. Use leisure time productively
6. Explore activities in individual & group settings for self-understanding & growth
7. Learn about varied:
 - A. cultures
 - B. experiences
 - C. ideas & issues
 - D. art
 - E. music
 - F. life styles

Part I: Type of Event: (*please circle all that apply*):

- Diversity Appreciation
 - Art
 - Music
 - Food
 - History
 - Cultural Lifestyles

- Health & Wellness

- Public Service
 - Citizenship (voting, government, etc.)
 - Social Responsibility
 - Volunteerism

- Personal Development
 - Goal setting
 - Finances
 - Education
 - Other
 - Personal relationships
 - Spiritual Awareness
 - Career
 - Art
 - Music

- Academic related
 - Lecture
 - Workshop
 - Other (describe)

- Other