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**SGA Club/Organization Off Campus Event Proposal Form**

This form must be completed and submitted for all off-campus events involving student clubs/organizations at the Lincoln Memorial University-Debusk College of Osteopathic Medicine (LMU-DCOM). Please submit this form if you event will somewhere other than the Hamilton Math and Science Building or at the DeBusk College of Osteopathic Medicine.

Submit completed forms to Caleb Arnold in DCOM 309A. Please submit your event forms **at least 7 days in advance** for approval. Submissions with less than 7 days’ notice may not be approved. **The entire form must be completed, including appropriate signatures, prior to submission.** Any changes to this event must be submitted in writing.

**Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Event**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date(s) of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Event Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event Time: \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_**

**Anticipated Attendance: \_\_\_\_\_\_\_\_\_\_\_\_ Will Food or Drinks Be Served? (Food) ❑**Yes **❑**No **(Drinks) ❑**Yes **❑**No

**Cost for Participants**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **What cost includes? (i.e. transportation, meals):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you having a guest speaker?: ❑ Yes please list name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ No**

**Check all that will be invited/attending:**

**❑ Club Members ❑ DCOM Students ❑DCOM Faculty/Staff ❑Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LMU-DCOM Faculty/Staff Members Attending (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Short Description of Event: *(Please attach Agenda if available)***

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\*\*\*\*\*\*Club Officer: Please initial and sign that you have read and agree to the following: \*\*\*\*\*\*

**\_\_\_\_\_\_\_**Lincoln Memorial University assumes **no** responsibility for accident, injury, or death of guests or participants, or property damage or loss. LMU has a no alcohol policy, which prohibits the use of alcohol on the campus.

**Required Signatures:**

Club Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LMU Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Activities Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For LMU-DCOM Use Only:**

Date Received: \_\_\_\_\_\_\_\_ ❑ Confirmation Sent ❑ Added to Calendar

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_