



# William Carey University

## Student Activities Office

### **Activity Request Form or Community Service Form**

- Fill out form completely and return to Office of Student Activities, Student Center room 103.
- Form must be turned in **two weeks** prior to event
- If set up is needed fill out Event Disclosure and turn in with Event Check List

Date of Activity: \_\_\_\_\_ Organization: \_\_\_\_\_

Organization's Presidents Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Member in Charge of Event: \_\_\_\_\_ Phone #: \_\_\_\_\_

*Event Information:*

Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Time Event Starts: \_\_\_\_\_ Time Events Ends: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Purpose of Event: \_\_\_\_\_

Community Service (circle): Yes No Community Service cause: \_\_\_\_\_

*Event Location:*

Building Name: \_\_\_\_\_ Room Number: \_\_\_\_\_

Outside Location (if applicable): \_\_\_\_\_

*Special Request:*

Will security be needed? Yes No Will food services be needed? Yes No

If food services needed, who will be catering? (circle): Sodexho Other (name) \_\_\_\_\_

**\*If assistance from maintenance is needed (tables, chairs, extension cords, etc.) fill out event disclosure attached.**

*Agreement (two organization member's signature required):*

I understand that my organization and I are in charge of this event and will uphold the policies and beliefs of William Carey University.

\_\_\_\_\_  
Signature of Authorized Member Date Signature of Authorized Member Date

Office Use Only

Date Received \_\_\_\_\_ Approved: YES NO

Date Returned to Organization: \_\_\_\_\_  
Signature of Director of Student Activities Date

# William Carey University

Student Activities Office

## ***Request for Student Government Association Equipment Use***

Date \_\_\_\_\_

We, \_\_\_\_\_, request permission to use the following equipment from the Student Government Association of William Carey University. We understand that full responsibility and liability for all and any damage or wear to the listed equipment is solely that of the aforementioned. We also agree to pay a deposit of 10% of the estimated value on any equipment valued over \$75. Either the Student Activities Director or a member of the SGA council will reimburse this deposit upon checking in the equipment.

Please itemize the equipment being used:

<u>Qty.</u>	<u>Item Description</u>	<u>Note</u>
<input type="checkbox"/> Blow-up movie Screen	<input type="checkbox"/> Ice chest	<input type="checkbox"/> hoses
<input type="checkbox"/> Speakers	<input type="checkbox"/> Paint Room	
<input type="checkbox"/> Any Intramural items. Please list _____		

For more room use back of page

Deposit \$ \_\_\_\_\_ (Please initial upon reimbursement of deposit)

Time out \_\_\_\_\_ SGA Representative \_\_\_\_\_

Time in \_\_\_\_\_ SGA Representative \_\_\_\_\_

Signature of borrower \_\_\_\_\_ Date \_\_\_\_\_

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## ***Request for TV advertisement in Cafeteria***

This form is a request for TV advertisement in the cafeteria for an organization's event. Please fill out this form entirely and return it to the Student Activities Office ***with a copy of the formatted PowerPoint slide you wish to be displayed*** (a copy can be emailed to the address at the bottom of the page). William Carey University reserves the right to alter any advertisement so that it reflects the rules and regulations of William Carey University.

Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Organization: \_\_\_\_\_

Time Event Starts: \_\_\_\_\_ Time Events Ends: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Date slide needs to be active: \_\_\_\_\_ Date slide needs to be inactive: \_\_\_\_\_

498 Tuscan Avenue, Box 172, Hattiesburg, MS 39401-5461 Phone (601) 318-6444

FAX (601) 318-6770 E-mail: [esheckells@wmcarey.edu](mailto:esheckells@wmcarey.edu)

**WILLIAM CAREY UNIVERSITY**

**FACILITIES DEPARTMENT  
EVENT DISCLOSURE FORM**

*Approval for space must be confirmed by the External Relations Office prior to requesting a setup.*

Name of event: \_\_\_\_\_

Date of event: \_\_\_\_\_ Time of event: \_\_\_\_\_

Facility/space requested: \_\_\_\_\_ Expected attendance: \_\_\_\_\_

Time setup needed: \_\_\_\_\_ Take down time: \_\_\_\_\_

Event coordinator/contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Provide diagram of preferred setup below. **The Facilities Department provides tables and chairs only.** Laptops/computers, projectors, screens, audio visual carts, televisions, pianos, organs, lighting systems, and sound systems are the responsibility of the user.

Total # chairs: \_\_\_\_\_ Total # tables: \_\_\_\_\_

Comments or special requests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Fax completed form to 601-318-6213***

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**Office use only:**

Set-up Approved (Contact person): \_\_\_\_\_ Date/Time: \_\_\_\_\_

Facilities Representative: \_\_\_\_\_ Date/Time: \_\_\_\_\_

# STUDENT CONFERENCE CENTER SOUND ROOM DISCLOSURE FORM

This form is only for the use of the sound room. Additional forms need to be submitted to Emily Sheckells for the use of the Student Conference Center and to get setup help from maintenance. Please complete and return this form to Emily Sheckells at least one week prior to the scheduled event date so that she can give it to the BSU. Note that the host organization must provide a responsible person to run the sound, A/V, lights, etc. This person must attend a brief training session prior to the event at the convenience of the BSU Staff. In some cases a BSU staff member may be able to operate the sound; however, this is not always the case. The host organization and contact person is responsible for cleaning the sound room after its use and responsible for any damages.

Event Name \_\_\_\_\_

Event Date(s) \_\_\_\_\_

Time Begin \_\_\_\_\_ Time End \_\_\_\_\_

Times for set up/rehearsing/preparation \_\_\_\_\_

Organization Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail address \_\_\_\_\_

Place a check mark by the A/V components that are needed?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Speakers   | <input type="checkbox"/> Mics (indicate #) _____ | <input type="checkbox"/> Wireless Mic   |
| <input type="checkbox"/> Monitors   | <input type="checkbox"/> Keyboard                | <input type="checkbox"/> DVD Player     |
| <input type="checkbox"/> Tape Deck  | <input type="checkbox"/> VCR                     | <input type="checkbox"/> Stage Lighting |
| <input type="checkbox"/> LCD Projectors   | <input type="checkbox"/> Computer for Projection | <input type="checkbox"/> CD Player      |
| <input type="checkbox"/> Aux Input  | <input type="checkbox"/> Other _____             |   |
| <input type="checkbox"/> Stage (if stage is used, host organization must provide persons for set up and take down.) |  |   |

**Complete this form and return to the BSU Office.**

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Student Activities Office

## ***Event Checklist*** ***For your personal record***

\*Turn in 1 week prior to your event and set up meeting with Emily Sheckells to review plans. Call X6444 for appointment.

Event \_\_\_\_\_

Member in Charge \_\_\_\_\_

Location of Event \_\_\_\_\_

Date of Event \_\_\_\_\_

Set-Up Crew: \_\_\_\_\_

Clean-Up Crew: \_\_\_\_\_

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Publicity   | <input type="checkbox"/> Tables/chairs  | <input type="checkbox"/> Food                            |
| <input type="checkbox"/> Ice   | <input type="checkbox"/> Decorations  | <input type="checkbox"/> Coke Trailer                    |
| <input type="checkbox"/> Booked location   | <input type="checkbox"/> On-campus location   | <input type="checkbox"/> Off-campus location             |
| <input type="checkbox"/> Plates/cups/napkins/forks, etc.   | <input type="checkbox"/> Electricity/water at location                                    | <input type="checkbox"/> Verify location (2 days before) |
| <input type="checkbox"/> TV advertisement formatted and turned in  | <input type="checkbox"/> Approval on items that need to be approved (movies, music, etc.) |  |
| <input type="checkbox"/> Inform Emily of the need for a work order for tables/chairs and electricity/water                         |   |  |
| <input type="checkbox"/> Contacted cafeteria is using their services/facilities (at least 2 weeks in advance)                      |   |  |
| <input type="checkbox"/> Sound Equipment (Who is setting it up/taking it down, etc.) <i>Sound Room Disclosure turned in to BSU</i> |   |  |
| <input type="checkbox"/> Informed Emily of need of check request****   |   |  |

Total Cost: \_\_\_\_\_

\*\*\*\*If you need ANY MONEY for your event, you must let me know **at least 2 weeks** before your event so that I can submit a check request to the business office. All check requests must be submitted the Friday before checks are cut ON Tuesday. If you need money for a Monday night or Tuesday night event - you must let me know at least 2 weeks before.

\_\_\_\_\_ Rainy day back-up plan

\*\*\*\*If your event is an outside event, **you must** have a back-up plan in case of rain. Let me know where the new location will be and any other alterations to the schedule that may need to be made.