

**NKU CHASE COLLEGE OF LAW
STUDENT BAR ASSOCIATION
EVENT APPLICATION**

Title of Event: _____
Note: This title will appear on the Chase calendar

Proposed Date of Event: _____
Feel free to list an alternative date

Start Time: _____ End Time: _____ Expected Attendance: _____

Desired Location: _____

Sponsoring Student Organization: _____

Applicant / Contact Person for Event: _____

Email: _____ Phone #: _____

Do you require any of the following:

- | | | |
|--|----------------------------|----------------------------|
| Pizza / Soft Drinks / Paper Products | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Chartwell Catering Services (special events) | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Alcohol Permission | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Supplemental Funding from SBA Student Organization Funds
(attach Supplemental Funding Request form) | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Publicity Assistance | <input type="checkbox"/> Y | <input type="checkbox"/> N |

Is your event open to the public? Y N

Please indicate which Chase constituents are invited:

Students Faculty Staff Alumni

Give a brief description of your event for the calendar and the Chase Postings, and indicate how the event will benefit the Chase community.

Name, title and address of any guest speaker(s). Please note if guest(s) are Chase alumni.

Do you plan to invite a dean or faculty member to give welcome remarks or otherwise participate?

Y N If yes, who? _____

APPLICANT SIGNATURE

By signing below, you, the Applicant, are indicating that you have answered the questions above fully and accurately. You agree to follow all policy requirements as described in the Student Organization Handbook. Failure to do so may render your organization ineligible to receive future SBA funding. Return this completed form to the SBA Office in Room 406.

Applicant Signature _____ Date _____

Sponsoring Student Organization (Please Print) _____

Faculty Advisor Signature _____ Date _____

APPROVAL

The SBA and the Associate Dean for Student Services have reviewed this application and approve the event as detailed above.

SBA Representative _____ Date _____

Associate Dean for Student Services _____ Date _____