

**NKU CHASE COLLEGE OF LAW  
STUDENT ORGANIZATIONS  
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<br>(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.

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

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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.*

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 \_\_\_\_\_

***Return this completed form to the Associate Dean for Student Services,  
Room 314.***