



THE UNIVERSITY OF TENNESSEE
SOUTHERN

Division of Student Affairs

UTS RSO Event Form

Contact Information:

Organization Name _____

Advisor _____

Advisor Email _____

Event Contact _____

Contact Email _____

Contact Phone _____

Event Details

Event Title _____

Event Description: (Please describe your event in detail)

Event Speakers/Presenter: _____



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Event Date: _____

Setup Time: _____ (AM or PM) Start Time: _____ (AM or PM)

End Time: _____ (AM or PM) End of Clean-up Time: _____ (AM or PM)

Desired Location _____

Event Logistics

1) How many attendees are you expecting to host? _____

2) Will you be requesting any campus support for your event (tables, chairs, media, etc.)?

*Please note that filling out this form DOES NOT substitute for reserving these resources. Once your event is approved and on the master calendar, you must formally request these services through them.

3) If you will be collaborating with another student organization or some other group to host this event, please add a name and organization. Otherwise add "N/A"

What is the contact email for the co-hosting organization?



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4) Will you need to hire and pay an outside agency for your event? (guest speaker, performance act, DJ, etc.) What is the Budget?

5) Will you be charging admission for this event?

If yes, then what is the money being collected towards?

Departmental Use Only

Please turn in to the Assistant Director of Student Activities for Campus approval two weeks before the anticipated date of the event:

Vice Chancellor of Student Affairs

Provost (Academic Related Presentation)



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