

LSUA Student Organization Event Registration/ Approval Form

Name of Organization: _____

Name of Contact Person: _____

Email: _____ Phone Number: _____

Name of Event: _____

Date of Event: _____

Time and Location of Event: _____

Description of Event:

Will this be a fundraiser for your organization? yes no Will

there be food served? yes no

Will campus security be needed? yes no

Specify any other needs: _____

Signature of President

Signature of Advisor

For Office Use Only:

Request Granted or Denied: Date:

Additional Notes:

Signature of Coordinator of Student Life