

UNDERGRADUATE STUDENT GOVERNMENT EVENTS MANAGEMENT CONTRACT

The following information must be submitted at least two weeks in advance of the date of your event. This form does not guarantee security coverage.

Contact Information

Name of Club/Organization/Team: _____

Contact Name: _____

Contact Telephone Number: _____

Contact Email: _____

Event Information

Name of event: _____

Date of event: _____ Time of event: Start _____ End: _____

Events Management Contract Time: Start _____ End: _____

Facility reservation made? Yes ☐ No ☐

Location of event: _____

Number of tickets being sold: _____ Are you selling tickets the night of the event? Yes ☐ No ☐

Are you a USG funded group? Yes ☐ No ☐

Description of Services (To be filled out by Events Management Director)

	Quantity	Cost	Hour	Total
Event Management Staff (Tickets + Wristbands)				
Event Management Staff (Front Door)				
Event Management Staff (Back/Side Doors)				
Event Management Supervisor (Line Control)				
Wristbands (Provided)		\$0.04/wristband	N/A	
Grand Total:				

Authorized Signatures

Event Management Director _____ Date: _____

Club Officer _____ Date: _____