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| **General Information** | | | |
| Sponsor Name: |  | Name of Event: |  |
| Email: |  | Organization: |  |
| Dept/RSO: |  | Date: |  |
| Telephone: |  | Time: |  |
| Account Number: |  | Event Description/Location: | |

**Additional Information**

Please allow 10 business days for processing. If you have questions, please call 989-774-PLAN or email plan@cmich.edu

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| --- | --- | --- | --- |
| As a department/RSO sponsor I will: I certify that: | | | |
| Be present at the event. | | I am a member of the Executive Board of my dept/RSO. | |
| Yes | No | Yes | No |
| Accept full responsibility for the event and unpaid expenses. | | My organization is in good standing with the University. | |
| Yes | No | Yes | No |
|  | |  | |
| Comments: | | | |

*I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO READ THE FACILITY USAGE POLICY ONCE PROVIDED AND UNDERSTAND ITS TERMS. I UNDERSTAND THAT MY DEPARTMENT OR GROUP CAN BE ASSESSED A VIOLATION FOR POLICY INFRACTIONS DURING THE SPONSORED EVENT.*

**YES**  **NO**