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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** **[ ]**