



Office of Campus Organizations

Event Planning and Guidelines

Event Details

Event name: _____

Event date: _____

Event start time: _____ Event end time: _____

Event location: _____

Event description: _____

Learning Goals visit: <http://sites.uci.edu/saslo/>

Learning goals for this program (please check all that apply):

Civic & Community Engagement Leadership Development

Diversity & Global Consciousness Professional & Administrative Skills

Personal Responsibility

How does this event achieve your learning goals? _____

Audience

Target audience _____

Expected attendance _____

Admission charge: (Complete all amounts that apply)

UCI students _____ UCI staff _____ General _____

Sign up/purchase tickets at: _____ By _____

Will this event require security services? Yes No

Important Contacts:

Alumni House

www.alumni.uci.edu; (949)-824-2586

ARC

www.campusrec.uci.edu
(949) 824-5346

Bren Events Center

www.bren.uci.edu
(949) 824 - 5000

Crawford Hall/Athletic Fields

phope@uci.edu
(949)-824-5941

Cross-Cultural Center

www.ccc.uci.edu; (949)-824-7215

Office of Campus Organizations

campusorgs@uci.edu
(949) 824-5181

Environmental Health & Safety

www.ehs.uci.edu ; (949) 824-6200

Paul Merage School of Business

bmitchell@uci.edu; (949)-824-3242

School of the Arts

tfweiner@uci.edu

Student Center & Event Services

(949) 824-5252

University Club

(949)-824-7960

Parking and Transportation

eventprk@pts.uci.edu
(949) 824-7275

UCI PD

(949) 824-5223

Collaborations

Are there other organizations co-hosting this event? Yes No

Organization name(s): _____

Insurance and Liability

Consider whether your organization is low risk, medium risk, or high risk and register your event with Mercer Insurance. Visit: campusorgs.uci.edu/liability.

Also, reduce liability and list all potential risks associated with this event (include physical, emotional, financial, etc. and strategies that you could implement to minimize or eliminate these risks:

Does your program involve any physical activity? Yes No

Is your event being held outdoors, and/or can it be affected by harsh weather? Yes No

Are you serving or cooking food? Yes No

Note: obtain a Temporary Food Permit from the Environmental Health & Safety Office if you will be serving perishable foods

Will alcohol be involved with your event? Yes No

Note: obtain an Alcohol Permit if alcohol will be involved with your event

Are you contracting entertainment or services from any non-UCI entity?

Yes No

Note: consider payment options for these services

Event Budget for: _____

Expenses				
Date	Description	Amount Allocated	Amount Spent	Remaining Funds
Marketing/Advertisement		\$	\$	\$
Speakers/Entertainment		\$	\$	\$
Food		\$	\$	\$
Equipment		\$	\$	\$
Facilities				
Miscellaneous		\$	\$	\$

Income		
Date	Description	Amount of Revenue

How are you funding this event?

Funding from organization	\$
Funding from other sources (Please list)	
	\$
	\$
	\$