

Santa Clara University
Faculty/Staff Expressive Activity Planning Form

This form is required for individuals or groups who wish to engage in expressive activities at Santa Clara University. Please complete this form and send to EventPlanningOffice@scu.edu. A team member from the Event Planning Office will review and then it will then be submitted to the University official authorized for final review and signature of approval. Once approved, you will receive a final copy of this form that needs to be available throughout the duration of the event(s).

Part 1

Filled out by an SCU faculty/staff requestor.

Event Details

Requestor Name: _____ Requestor Department: _____

Requestor Phone Number: _____ Requestor Email: _____

Sponsoring SCU Organization(s): _____

Requestors University Affiliation: Circle those that apply:
 Student Faculty Staff
 Organization Department Office

Co-sponsor (non-SCU): _____

Is a contract required with an external vendor or organization? Yes No

Name and Topic of Event: _____

Preferred Event Location: Choice #1 _____ Choice #2 _____

Intended Audience: _____

Expected Attendance: _____

Proposed Date(s): _____

Proposed Start and End Times: _____

Nature of Event (circle all that apply):
 March Vigil Rally Protest Picketing Worship Debate
 Other (describe): _____

Will the event be open to the public? Yes No

Will there be any movement? Yes No

If yes, what is the proposed route? (Attached a campus map with route)

Overnight space request? Yes No

Musicians / Speaker? Yes No

 If yes, please provide name(s): _____

Equipment Needed (*tables/chairs/etc.*)? Yes No

 List: _____

Media Services Needed? Yes No

 List: _____

Will sound be amplified? Yes No

Security Required? Yes No

 If yes: CSS SCPD Contract Security

Will there be food? Yes No

Will there be alcohol? Yes No

Will there be open flames? Yes No

Other Notes:

SCU Faculty/Staff Representative Name & Title who will be present at the event (only applicable if different than the requestor):

Contact Phone Number / Email: _____

Requestor Signature _____ Date: _____

Please submit this completed form to: EventPlanningOffice@scu.edu

Part 2

To be filled out by the Event Planning Office.

Date Form was Received: _____

Date of Planning Meeting: _____

Attended By: _____

Review of Relevant Policies

For each policy, circle "Applicable" if the policy is applicable to this event or "Not Applicable" if the policy does not apply to this event. Each applicable policy will be reviewed with the requestor during the Planning Meeting.

<u>Policy</u>	<u>Applicable?</u>		<u>EPO Initials</u>
Expressive Activity Policy	Applicable		_____
Sound Amplification Policy	Applicable	Not applicable	_____
Speaker Policy	Applicable	Not applicable	_____
Posting and Chalking Policy	Applicable	Not applicable	_____
Candles and Open Flames Policy	Applicable	Not applicable	_____

Part 3

To be filled out by the Event Planning Office.

Approvals

Confirmed Event Location: _____

Date: _____ Time(s): _____

EPO Staff Member Signature: _____ Date: _____

Name & Title: _____

The signature below is by the University official authorized to approve expressive activities (Assistant Vice President, Event Planning Office or other designee).

Approved (*circle one*): Yes No

Signature of University Official: _____ Date: _____

Name & Title: _____