UTICA
COLLEGE

HOMECOMING EVENT PLANNING
REQUEST FORM

Date of Request:

Name of Requester:_____

Requester Contact Info:
  Email: _
  Phone number: _

School/Department/Unit:_____

Title of Proposed Event: ___

Proposed Date: ☐ Fri. ☐ Sat. **Time:** _

Type of Event:

☐ Academic program/symposium/forum
☐ Advisory/association committee meeting
☐ Affinity Reunion
☐ Athletic event
☐ Cultivation reception
☐ Fraternity/sorority meeting/gathering
☐ Stewardship reception (for major donors)
☐ Other

Event Summary/Description:

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_
_

Anticipated number of attendees: _

Target Constituencies:

☐ Alumni
☐ Community
☐ Corporations/Foundations/Businesses
☐ Current and former parents
☐ Faculty/staff/administration
☐ Friends
☐ Students
☐ Trustees

Proposed Venue (Check appropriate box):

☐ Boehlert Hall Conference Room
☐ Bull Board Room
☐ Carbone Family Auditorium
☐ Classroom/lecture space (TBD)
☐ Clark City Center Conference Room
☐ Donahue Auditorium
☐ ECJSC Building, Room 209
☐ Ellen Knower Clarke Lounge (Strebel Lounge)

☐ Library Concourse
☐ Macfarlane Auditorium
☐ Mazloom Atrium
☐ Petralia Lounge and Terrace
☐ Pioneer Pub
☐ Strebel Auditorium
☐ Willard Conference Room
☐ Outdoors (tent)
☐ Other (please specify)

Staffing (Please check appropriate boxes):

☐ My/our department would handle all planning
   and logistics for this event
☐ I/we would need Advancement to handle all
   planning and logistics for this event
☐ I/we would need Advancement to handle invitations,
   registration, and name-tags ONLY for this event
☐ I/we would staff the actual event
☐ I/we would need to have the event staffed by a
   member of the Advancement team

Budget (Check appropriate box):

☐ My/our department would cover all costs
   associated with this event
☐ I/we are requesting that Advancement resources
   be made available to cover the costs associated
   with this event
☐ I/we have secured complete or partial funding
   for this event

**Other Logistical Considerations (Please check all
that apply):**

☐ This event requires catering for food and beverage
☐ This event requires the assistance of campus
   safety
☐ This event requires audio/visual equipment
☐ This event requires setup through facilities
   (chairs, staging, tables)
☐ Other (please specify)

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Additional Comments/Information: _

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Deadline to submit this form: November 30, 2016