

Illinois Central College  
Office of Student Life  
Student Organizations Program/Event Application

*Program/Event requests must be submitted ASAP as these are reserved on a first come first served basis. If this is a large event with extensive setup, your application should be turned in at least 15 business days prior to the scheduled event in order to accommodate all of the affected departments and their schedules.*

Date Submitted \_\_\_\_\_

Event and/or Speaker \_\_\_\_\_  
Sponsoring Group \_\_\_\_\_  
Event Dates \_\_\_\_\_ Event Start and Stop Time(s) \_\_\_\_\_  
Desirable Location(s) \_\_\_\_\_ Setup Time \_\_\_\_\_ Take Down Time \_\_\_\_\_

Anticipated Attendance \_\_\_\_\_ Internal Guests  External Guests  Both

Contact Person: \_\_\_\_\_ Email/Phone: \_\_\_\_\_

Please provide a description of the event:

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Equipment Needed

\_\_\_\_ # of 6 ft. Tables  
\_\_\_\_ # of 8 ft. Tables  
\_\_\_\_ # of Chairs  
\_\_\_\_ Popcorn Machine w/supplies  
\_\_\_\_ Podium: (Choose one)  
\_\_\_\_ Tabletop \_\_\_\_\_ Standing  
\_\_\_\_ \*Table Skirting: \_\_\_\_\_ White \_\_\_\_\_ Blue  
(Choose one) \_\_\_\_\_ Blue w/ICC logo  
\_\_\_\_ Cafeteria Request  
\_\_\_\_ **Serve Time for Catering** \_\_\_\_\_  
(Email us or write menu selections on back )  
Fund 10 Acct# 10 - 0 \_\_\_\_\_  
or Acct# \_\_\_\_\_

Audio/Visual Items

\_\_\_\_ Overhead Projector (Transparency)  
\_\_\_\_ PC cart w/Multi-Media Projector/DVD/CD/Speakers  
\_\_\_\_ Mic: \_\_\_\_\_ stand \_\_\_\_\_ Table Top  
(Choose one) \_\_\_\_\_ Wireless \_\_\_\_\_ Lapel  
\_\_\_\_ Portable PA Speaker System (On Tripod Stand)  
\_\_\_\_ Screen  
\_\_\_\_ Poster Size Sign Holder (Standard)  
\_\_\_\_ Directional Signs (required for external guests)  
\_\_\_\_ Skinny Cart (TV/DVD/Flash Drive)  
\_\_\_\_ Internet Access  
\_\_\_\_ Laptop  
\_\_\_\_ Other (Please specify): \_\_\_\_\_

\*There is a \$2.50 charge for skirting if not ordering food

*If necessary, please hand draw a desired event setup on the back of this form and drop off at Student Life. If posters, fliers, table tents, etc. are needed, please fill out a Graphic Design form.*

Did you fill out a Graphic Design form? Yes / No

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Club Advisor

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Manager of Student Life

**Please make 1 copy for your records and return original to 303A**