

**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-serve 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:

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