

# UNIVERSITY OF PIKEVILLE

## KENTUCKY COLLEGE OF OPTOMETRY

OFFICE OF STUDENT AFFAIRS

### KYCO Student Club Activity/Event Form

Please complete and submit this form to **KYCO Office of Student Affairs** (Health Professional Building 301) for all club activities/events at least two weeks prior to small activities and four weeks prior to large events.

Be sure to include all pertinent information.

Name of Event:	Club Hosting Event:
Location of Event:	Estimated Number of Participants:
Date of Event:	Club Contact:
Start Time:	Club Advisor
End Time	

Please briefly describe event:

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Will an external organization or industry be supporting this activity/event?  YES  NO

If YES, please explain the type of support.

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Who will be invited to the event? \_\_\_\_\_

Do you plan on inviting any alumni, industry/national/political leaders?  YES  NO

If YES, who \_\_\_\_\_

Do you plan on having a guest speaker?  YES  NO

Speaker name & title: \_\_\_\_\_

Business/Industry/Organization Affiliation: \_\_\_\_\_

Special Accommodations Needed: \_\_\_\_\_

How is this activity/event being funded (check all that apply):

Club budget  KYCO SGA  
 KYCO Office of student affairs  Other: \_\_\_\_\_

Estimated Budget (please attach descriptions and any quotes from vendors)	
Cost of Venue	\$
Food/Catering	\$
Decorations	\$
Music/Entertainment	\$
Gifts	\$
Raffle Items	\$
Transportation	\$
Other	\$
Total	\$

Services Needed (Check all that apply):

- Transportation
- Food/Catering
- Security
- Tables/chairs (# \_\_\_\_\_)
- Other \_\_\_\_\_
- Decorations
- Advertising
- Photographer
- DJ

Services Needed (Check all that apply):

- Projector & screens
- Audio/Microphones
- Stage
- Special lighting (please describe) \_\_\_\_\_
- Podium
- Music

Please share any other information about the event below:

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Required Signatures:

Organization Representative: \_\_\_\_\_

Organization Treasure (if using club funds): \_\_\_\_\_

Organization Faculty/Staff advisor: \_\_\_\_\_

KYCO STUDENT AFFAIRS ONLY	
Date Form Received: _____	Date Form Reviewed: _____
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Initials: _____