DOWNSTATE
HEALTH SCIENCES UNIVERSITY

Student Organization Off-Campus Event Request Form

One activity per request form:

Name of Contact Person: _____ Today's Date: _____

Phone #: _____ Downstate Email: _____

Name of Student Organization: _____

Event Name: _____

Event Date: _____ Start Time: _____ End Time: _____

Event Location (Address): _____

Brief Description of the event: _____

_____

Why can't the event be done on campus? _____

_____

How is the event related to the mission of your organization? _____

_____

Type of Event: ☐ Social ☐ Educational ☐ Networking ☐ Other: _____

Expected Number of Attendees: _____ Audience: ☐ Club Members Only ☐ Open to All

What is the cost of the event per person & what will the money be spent on: _____

_____

_____

Advisor's Name:_____ Signature:_____ Date:_____