



# Chapter/Club Event Permit

Incomplete forms will NOT be processed

Chapter/Club Name \_\_\_\_\_

Graduating YR \_\_\_\_\_

Today's Date \_\_\_\_\_

Contact Person (PRINT) \_\_\_\_\_

Signature \_\_\_\_\_

Phone # to be reached at \_\_\_\_\_

**On-Campus Event**

Description of Event \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: E-Link 2  E-Spine 1  E-Spine 2  All bake sale must be at E-Spine 2 location

**Off-Campus Event**

**WHEN PLANNING AN EVENT OFF CAMPUS, A  
CERTIFICATE OF INSURANCE**

**FROM THE VENUE/SUPPLIER ADDING SAULT COLLEGE STUDENTS' UNION AS  
ADDITIONAL INSURED MUST BE PROVIDED TO SCSU  
AT LEAST 30 DAYS PRIOR TO THE PLANNED EVENT.**

**Off Campus events will not be approved without a CERTIFICATE OF INSURANCE.**

Description of Event \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Time: \_\_\_\_\_

**FOR SCSU USE ONLY**  
SCSU Date Stamp  
and Staff Initials

**FOR SCSU USE ONLY - On-Campus Event**

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Table booked in Outlook  Booked by: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR SCSU USE ONLY - Off-Campus Event**

Certificate of Insurance Received  Date Received: \_\_\_\_\_

SCSU President Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Signature

Notes: \_\_\_\_\_

**FOR SCSU USE ONLY**  
Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_