Chapter/Club Event Permit

Chapter/Club: _____ Requested by: _____

Grad Year (Chapters only): _____ Position: _____

Today's Date: _____ Contact #: _____

VENUE: _____ Date: _____

Description of Event (details):

$50.00 FLOAT IS REQUIRED: YES ( ) NO ( )

NOTE: FOR OFF CAMPUS EVENTS

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 within 14 of the event

OFF CAMPUS EVENTS WITHOUT A CERTIFICATE OF INSURANCE ARE NOT ENDORSED BY SCSU

REQUEST APPROVED BY (CHAPTER EXECUTIVES):

Chapter/Club President Signature: _____ Chapter/Club Treasurer Signature: _____

Contact #: _____ Contact #: _____

Today's Date: _____ Today's Date: _____

FOR OFFICE USE ONLY

Date Received: _____ Received by: (staff intials) _____

FOR ON-CAMPUS		FOR OFF-CAMPUS
APPROVED BY:	OR	APPROVED BY:
TABLE BOOKED		DATE C.O.I. RECEVED:

Notes: _____