



### SPECIAL EVENT AUTHORIZATION AND SUMMARY

*This form must be completed for all events with costs exceeding \$1,500.*

**INSURANCE IS MANDATORY FOR ALL SPECIAL EVENTS FULLY OR PARTIALLY FUNDED BY UCorp.**

#### DESCRIPTION OF EVENT

Ucorp Fund Number:	<input type="text"/>	Department:	<input type="text"/>
Event Title:	<input type="text"/>	Description:	<input type="text"/>
Primary Purpose of Event:	<input type="text"/>		
Date:	<input type="text"/>	Starts At:	<input type="text"/>
		Ends At:	<input type="text"/>
Location Name and Address:	<input type="text"/>		
Anticipated Number of Attendees:	<input type="text"/>	Is this event a field trip?	<input type="text"/>

#### ANTICIPATED REVENUE

Tickets for Attendance:	<input type="text"/>	Ticket Price:	<input type="text"/>
Raffle Tickets:	<input type="text"/>	Ticket Price:	<input type="text"/>
Auction:	<input type="text"/>		<input type="text"/>
Donations:	<input type="text"/>		<input type="text"/>
Other:	<input type="text"/>		<input type="text"/>

#### ANTICIPATED COSTS

Space Rental:	<input type="text"/>	<input type="text"/>
Food & Drink:	<input type="text"/>	<input type="text"/>
Transportation:	<input type="text"/>	<input type="text"/>
Independent Contractors:	<input type="text"/>	<input type="text"/>
Other:	<input type="text"/>	<input type="text"/>
ANTICIPATED TOTAL:	<input type="text"/>	<input type="text"/>

#### RISK MANAGEMENT

Has insurance been secured?	<input type="text"/>	<b>***NOTE: VENDORS MUST PROVIDE PROOF OF INSURANCE.***</b>
Have release forms been obtained?	<input type="text"/>	
Will students or minors be invited?	<input type="text"/>	
How will attendees arrive?	<input type="text"/>	
Will the event involve...?	<p><b>Check all that apply:</b></p> <input type="checkbox"/> Non-SFSU students, faculty, staff <input type="checkbox"/> Minors Ages: <input type="checkbox"/> Fireworks <input type="checkbox"/> Carnival rides, bouncy-houses <input type="checkbox"/> Bands/musical entertainment/other <input type="checkbox"/> Third party exhibitors/participants <input type="checkbox"/> Third party concessionaires <input type="checkbox"/> Alcohol served or sold	

*Attach a separate sheet including details concerning all checked items.*

**SPECIAL NOTE ON RAFFLES:** Raffle proceeds must be reported to California's Attorney General each year. To ensure compliance and accuracy, a **RAFFLE REPORT** must be submitted to Ucorp within 5 working days of the fundraising event.

Project Director Approval \_\_\_\_\_ Date \_\_\_\_\_ AVP/Dean Approval \_\_\_\_\_ Date \_\_\_\_\_

*Please attach a copy of this page to all event-related payment requests.*

<b>UCorp USE ONLY</b>	
	Net Gain(Cost)
_____ Director, Finance & Administration	