

DANCE/PARTY REQUEST

Sponsoring Organization: _____

SOAS Authorized Signer for Organization: _____
(Printed Name)

Phone #: _____ E-Mail Address: _____

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

Event Name: _____ SOAS Account #: _____

Expected Attendance: _____ Proposed Room Set-up: _____

Will you need any of the following services? (please circle) A/V Food Alcohol Ticket Sales

Organization agrees to abide by the terms and conditions of the University Unions Facilities Use Policy. <<http://www.umich.edu/~unions/meeting/uufup.pdf>> I warrant I have the authority to make this agreement on behalf of my organization.

SOAS Authorized Signer for Organization: _____ Submission Date: _____
(Signature)

FOR OFFICE USE ONLY

Facility: _____ Room: _____ Prior Facility Use: Yes No

Received a copy of the University Unions Dance/Party Policy: Yes No Date: _____


Exception Required: Yes No Reason: _____ Granted: Yes No

Student Organization Category for Dance/Party Event Procedures: A B C D
(*See reverse side for category definitions and associated event privileges and/or limitations.)

SOAS Funds Encumbered: Yes No Date: _____ SOAS Representative: _____

APPROVALS

Normal policy allows access to University of Michigan students who may sponsor up to two guests each, registering them with Access Checkpoints. A guest list may also be required and then submitted by the pre-arranged deadline. (Please sign below unless otherwise indicated.)

Please check below if you feel alternate access restrictions from normal policy are necessary or appropriate.


Dance/Party Program Advisor _____ Date: _____
(Signature indicates date and time availability.)

Faculty/Staff Advisor _____
(Printed Name) _____
(Signature)

 Department Title: _____

Faculty/Staff Advisor signature is required for student organizations categorized for event procedures under Type B or C. This signature indicates an attendance throughout the event to provide additional support to the student organization and to allow for an additional point of view in circumstances where issues need to be discussed and resolved in a post-event meeting. However, any faculty or staff member is always welcome to attend dance/party events to offer support or expertise.

Department of Public Safety Approved: Yes No

 # of Officers Requested: _____ Secured: _____

Special Events Sergeant _____ Date: _____
(Printed Name)

Facility Director _____ Date: _____