College of the Canyons
Office of Student Development
Off-Campus Event Registration

Name of Organization: _____

Person Responsible for Event: _____
Name

_____
Position in Organization

_____
Street Address

_____
City Zip

_____
Phone Number

Date of Event: _____
Month Day Year

Time of Event: FROM: _____ TO: _____

Location: _____

Nature of Event (Describe): _____

_____

Number of People Expected to Attend: _____

Special Arrangements

(To be completed upon consultation with the Office of Student Development)

Type of Security Arranged (Check One):
- ❑ Licensed Agency
- ❑ Sworn Peace Officer

Member of Organization Responsible for Security: _____

Member of Organization Responsible for Clean-Up After Event: _____

If any contracts have been made with outside corporations/organization, attach signed copies of all contracts.

Signature: _____ _____
Person Responsible for Event Date

_____ _____
Advisor Date

Reviewed By: _____ _____
Office of Student Development Date

July 1999/kad

White Copy: Office of Student Development *Pink Copy: Organization*