**OFFICE OF CAMPUS EVENTS**

**Indiana University Northwest**

PLEASE SUBMIT THIS FORM TO SPECIAL EVENTS, CEDAR HALL, EVENTSNW@IUN.EDU

*NOTE: ROOM WILL NOT BE APPROVED UNTIL THIS FORM HAS BEEN SIGNED BY ALL PARTIES*

|  **SPONSORSHIP OF OFF-CAMPUS GROUP EVENT10/2017** |
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| School or Department sponsoring off-campus group: |
|  Contact Person: |
|  Telephone and office number of contact person: |
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**DEPARTMENT HEAD OR DEAN**

* I agree that the requested event has merit to the campus and allow sponsorship of the event.
* I designate the contact person above as responsible for this event.
* My department/school will be responsible for all costs incurred for this event should the group not fulfill all of its responsibilities.

Signature of Department Head or Dean Date Account number

| Name of Event: |
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|  Date and Time of Event: |
|  Location of Event: |
|  Estimated Number of Attendees: |

| Name of Off-Campus Group: |
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|  Address & phone number of off-campus group: |
|  |
|  Contact for off-campus group: |

| Nature of Event (please be specific): |
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|   |
| How does this event benefit the campus: |
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|  |

**CAMPUS CONTACT**

* As sponsor of this group and event, I agree to make all arrangements with, and provide timely information to, Special Events.
* I agree to be present at this event as the campus representative and in the event that the group does not fulfill all of its responsibilities, my department/school will be responsible for any expenses incurred.
* Two (2) weeks before the event, I will obtain a Certificate of Insurance from the group with a $1MM/$2MM minimum general liability limits and name “The Trustees of Indiana University, its officers, agents and employees” as both the Certificate Holder AND as Additional Insured and submit it to the Office of Special Events.

Signature of person sponsoring group Date