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| **UNDA Student Group Event Form 2019** | ***Office use only*****Booking Confirmation:** | **Date Received:** |
| **CELCAT No.**  |
| **Outlook Venue Booking:** [ ]  Yes [ ]  No |
| **Student Group:** | Notre Dame Student Association      |
| **UNDA Event Contact / Organiser** | Click here to enter text. *Primary Staff / Student organising* *the event*: |
| **Email:** | Click here to enter text. | **Phone:** | Click here to enter text. |
| **Principal Attending UNDA Staff:** | Click here to enter text. *Primary Staff Member* *attending the event:* |
| **Email:** | Click here to enter text. | **Phone:** | Click here to enter text.  |
| **Title of Event:** | Click here to enter text. |
| **Dates:** | Click here to enter text.  |
| **Event Time Start:** | Click here to enter text. | **Event Time Finish:** | Click here to enter text. |
| **Set-Up Start:** | Click here to enter text. | **Pack Down Finish:** | Click here to enter text. |
| **Preferred Venue(s):** | Click here to enter text. *Contact #2572 for queries / suggestions* |
| **Co-hosts /Other Institutions Involved:** | Click here to enter text.  |
| **Approx no. of guests:** | Click here to enter text.  | **External Guests Attending?** | [ ] Yes [ ]  No |
| **Target Audience:**(e.g. Staff, Students, Alumni, Community, Donors etc.) | Click here to enter text. | **VIP Guests Invited:** | [ ] Yes [ ]  No |
| **List VIP’s:** Click here to enter text.  |
| **Event Objectives:** | Click here to enter text. |
| **Are there contractual agreement(s) that UNDA will enter?** | [ ] Yes [ ]  No | *If yes, please attach a copy* |
| **Will food/drink be served as part of the event?** | [ ] Yes [ ]  No | Click here to enter text. |
| **Will alcohol be served as part of the event?** | [ ] Yes [ ]  No | **Guests under 18years?** [ ] Yes [x]  No |
| **Do you have RSA certificate holders serving alcohol?** | [ ] Yes [ ]  No | Click here to enter text. |
| **Are any additional licenses or insurance costs required?** *(incl. liquor license* | [ ] Yes [ ]  No | **Details:** Click here to enter text.  |
| **RAMP** (if required) | [ ] Yes [x]  No | **Submitted:** [ ] Yes [x]  No |
| **Projected costs for event:** *Please include registration, advertising, printing, catering, equipment and administration costs.* | **$** 0.00 *MUST BE COMPLETED* |
| **Which budget line will these costs be attributed to?***Please state all budget codes to be used to cover all costs* | N/A *MUST BE COMPLETED* |
| **DEPARTMENTAL SUPPORT REQUIRED: ONCE EVENT IS APPROVED - EVENT ORGANISER TO CONTACT DEPARTMENTS FOR SUPPORT**  |
| **Campus Services** *For room rearrangement, set up, equipment delivery, cleaning etc.*[ ] Yes [x]  Nofremantle.cseventsupport@nd.edu.au | **Hospitality *(Officer located in Fairweather’s Bar) -*** *For equipment - glassware, tablecloths, urns, catering packs etc.*[ ] Yes [x]  NoFremantle.cateringequipment@nd.edu.au |
| **ITS** *For laptops, projectors and screens, internet, A/V, TV, microphones etc.*[ ] Yes [x]  NoFremantle.IT@nd.edu.au | **Marketing & Communications Office***Tick Appropriate Box:*[ ]  ***Graphics-*** *Flyers, posters, invitations, advertisements, use of University logo-*fremantle.graphicdesign@nd.edu.au[ ]  ***Media-*** *press releases, coverage of event etc.-* media@nd.edu.au[ ]  ***Guest Lists*** *– VIP, Donor, Alumni and Affiliate database information required.-* development@nd.edu.au |
| **SIGNATURES: MUST BE ATTAINED BEFORE EVENT FORM WILL BE PROCESSED** |
| **UNDA Event Contact / Organizer:** | Name  | Sign: | Date: | Click here to enter a date. |
| **Principal Attending UNDA Staff Member** (as applicable): | Name Click here to enter text. | Sign: | Date: | Click here to enter a date. |
| **School Dean/Student Services Manager:** | Name Click here to enter text. | Sign: | Date: | Click here to enter a date. |
| ***PLEASE SUBMIT SIGNED FORM AND ANY ADDITIONAL INFORMATION ABOUT YOUR EVENT TO VENUE COORDINATOR: Mia Schaefer-Zaicz (ND6/202)–*** mia.schaefer-zaicz@nd.edu.au ***WHO WILL SEEK FURTHER APPROVAL*** |
| **Venue Coordinator:** |  | Sign: | Date:  |  |
| **Executive Director:** |  | Sign: | Date:  |  |
| M:Drive[ ]  | Fremantle Events Calendar[ ]  | Email[ ]  | Summary[ ]  |