



Idaho State University

Event Registration Form (ERF)

For official ASISU Student Organizations

Contact: Micheal Timm; ISU-IF Campus Scheduling Office, 208-282-7856
Room 204 - Second Floor of the Tingey Administration Building (TAB)

Club Information

Index Code: **CLB** _____

Name of Club: _____

Contact Information

Student Contact—Student Responsible for Event:

Name: _____

Email: _____

Phone Number: (____) _____ -- _____

Advisor Contact—Advisor Responsible for Event:

Name: _____

Email: _____

Phone Number: (____) _____ -- _____

Final Signatures

Club Advisor—**First Required Signature** _____ Date _____

Scheduling Office (BSUB, CHE or TAB) _____ Date _____

Campus Outdoors or Off Campus Location _____ Date _____

Event Information

Name of Event: _____

Description of Event: _____

Event Date(s): _____

Event Start Time: _____ End Time: _____

Event Location: _____

Alternative Event Location: _____

Address (If off campus): _____

Will food be served at your event? Yes No

Contact the Involvement Center in the BSUB to discuss any food needs.

Do you need tables? Yes No # of tables: _____

Will you need Public Safety at your event? Yes No

Do you need a Cash Box? Yes No

Estimated Attendance #: _____

Intended Audience: Club Members ISU Students UI Students

Faculty Staff Public (explain): _____

Is your event suitable for minors? Yes No

If no, please explain: _____

Event Set-up/Audio-Visual Services

Set-up Type: Theatre Classroom Banquet U-Shape

Other (explain): _____

Will you require other AV Equipment or Services? Yes No

LCD Projector Projection Screen Sound System

Podium/Mic Laptop Computer Microphone(s) - # _____

TV/VCR DVD Player Other: _____

To secure space for your event you must fill out this form completely and acquire all needed signatures. Please provide a setup map whenever possible. Any changes to the event must be communicated to the scheduling office as soon as possible.