(EIF) Event Information Form 2019 -2020

Directions:
Please submit your completed EIF Form to the Reservations Office
Minimum 4 weeks before your event. Send it by email to:
reservations@wesley.edu or drop it off at the Reservations Office.
Do Not Advertise Your Event Until It Has Been Approved

Sponsoring Organization: __________________________________________________________

Name of Event: ___________________________________________________________________

Organization’s contact person: (1 per event): _________________________________________

E-mail: __________________________________________________________________________

Phone Number: ____________________________________________________________________

Event date: ______________________________________________________________________

Start Time: __________________________

End Time: ____________________________

Event Location: ____________________________

Expected Number of People: __________

Have you reserved the room?  Yes_____  No______

Are you inviting outside guests to attend your event? If Yes,
Please list them on last page of this form or a separate sheet of paper.

Are you serving food?

If yes, Please attach the price quote from Aramark

Will you need a noise permit from the City of Dover for an outside event? __ Yes __No

Did you fill out the forms?

*** Do you need tabling in CC Lobby? If Yes, when_______________________________
Detailed Description of the event. Please type the information about your event.
(For Example: We are having an Ice Cream Social with a DJ. We will need 5 tables set-up in the Underground. Please see the attached diagram. This event is for Wesley Students only.)

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Set-up style:
☐ Classroom – tables and chairs
☐ Theater - just chairs
☐ Banquet: tables with chairs set for a dinner or luncheon
☐ Please attached the room set-up diagram

(Please note we only have 5 round tables and we use 5ft rectangular tables for set-ups)
A Vendor is someone you are hiring and paying for services such as: entertainment, rentals of any kind, Exercise Instructor, Photographer, Artist, selling or providing items or amusements for students. Each Vendor must provide you with a contract, an invoice, a certificate of insurance (naming Wesley College as the additionally insured) and a W-9 tax form, so they can get paid.

*** Students must not sign any contracts.

***** Have you included the relevant documents with this form?

Are you hiring a vendor?
If, yes- then include the vendor’s contract, invoice and Certificate of Insurance (naming Wesley College as the additionally insured)
If the fee is $499 and under you will also need to submit a Check Request
If the fee is $500 and over you will also need to submit a Purchase Order

Have you reviewed your budget with the SGA? Students Affairs (for SAB)? _____ Yes ____ No

Has the SGA approved this event? Students Affairs (for SAB)? _____ Yes ____ No

***Budget Account Number ______________________________________________________________

Total cost of this event: $_______________________________

Do you want the check to be mailed to the vendor ___Yes ___ No
Pick up the check ___ Yes ___ No I will pick up the check on

Is the event being advertised? (Yes) (No)
If yes, where?

Is the event being advertised on social media? ___ Yes ___ No
If yes, where?

Are there flyers for the event (flyer must be attached) ___ Yes ___ No

Has your advisor reviewed the event with you and signed off on it? ____ Yes ___ No

List of outside guests:
*****Only completed EIF forms with all the necessary documents attached and signatures will be accepted for processing. If documents are missing, the forms will be returned to the event organizer.

*****If your event is not completely approved 7 days before the event date, you may lose your room reservation.

Approved By: Signatures needed before you turn the form over to Reservations Department

Signature of Event Coordinator: ______________________________________________

Event Coordinator: Print name: _______________________________________________

Date: ______________

Required for Students only

Signature of Advisor: ________________________________________________________

Advisor: Print Name _________________________________________________________

Date: __________________

Reservations Office use only

Received by Reservations on _____________________ Time Received _____________

Event #______________________________

IT ________________________________________________________________

Coach Wearden or Coach Short __________________________________________

Security ______________________________________________________________

Director of Facilities_____________________________________________________

Tom Idnurm    Date: _________________

Aramark ______________________________________________________________

SGA__________________________________________Date______________

SGA Print Name: ________________________________________________________

Dennis E. Stark _________________________________________________________

V.P of Finance and Administration, Chief Financial Office

Date: _____________________________