



# Checklist for Special One-Time Events

**Your event is tentatively scheduled until the following procedure has been completed:**

OSL Advisor Signature & Date

Contact Richard Jenkins, OSL student organizations advisor, 893-4551, or e-mail: richard.jenkins@sa.ucsb.edu for a budget and planning guide. The guide must accompany this request form.

Hall Manager Signature & Date

Contact hall manager for logistical and media needs:

- |                          |                      |                               |               |
|--------------------------|----------------------|-------------------------------|---------------|
| <input type="checkbox"/> | Campbell Hall        | J.O. Davis/Sarah Jane Bennett | 893-2461      |
| <input type="checkbox"/> | IV Theatres          | Erik Moore                    | 893-4466      |
| <input type="checkbox"/> | Embarcadero Hall     | Michael Figueroa              | 893-4990      |
| <input type="checkbox"/> | Girvetz 1004 Theatre | Jim Gallagher                 | 893-3549      |
| <input type="checkbox"/> | Buchanan Hall        | Miguel Decoste                | 893-2332      |
| <input type="checkbox"/> | Theater Dance        | Eric Mills/Susan McMillan     | 893-3022/7501 |

OSL Bookkeeper Signature & Date

Contact Coleen Sears, OSL student organizations bookkeeper, 893-4555, or e-mail: coleen.sears@sa.ucsb.edu for access to account status.

Please return form to:

Grace Lapinid by \_\_\_\_\_  
Campus Events Scheduler (3 weeks prior to event)  
Office of Student Life  
2260 SRB  
Mail Code 5010

To contact Grace, call (805) 893-4491, or email: grace.lapinid@sa.ucsb.edu

\_\_\_\_\_  
Campus Scheduler Signature & Date

## CAMPUS SCHEDULING SPACE REQUEST FORM

**Please Print Legibly**

Organization \_\_\_\_\_

Authorized Requestor \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature (MUST be an authorized signer) \_\_\_\_\_ E-mail \_\_\_\_\_

Event Title: \_\_\_\_\_

Day of the Week: M T W TH F SAT SUN

Date(s): \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Facility Preferences: 1) \_\_\_\_\_

2) \_\_\_\_\_ 3) \_\_\_\_\_

Expected Attendance: \_\_\_\_\_

- |                                        |                                      |                                           |
|----------------------------------------|--------------------------------------|-------------------------------------------|
| Event Type:                            | <input type="checkbox"/> Conference  | <input type="checkbox"/> Recreation       |
| <input type="checkbox"/> Meeting       | <input type="checkbox"/> Performance | <input type="checkbox"/> Film/Video       |
| <input type="checkbox"/> Study Session | <input type="checkbox"/> Rehearsal   | <input type="checkbox"/> Speaker          |
| <input type="checkbox"/> Banquet       | <input type="checkbox"/> Reception   | <input type="checkbox"/> Other (describe) |

Will you have music?  Yes  No  
*(If outdoor venue, complete and sign Music Guidelines form)*

Special Requirements?  
\_\_\_\_\_

Media equipment required or OSL funds being used?  
 Yes \_\_\_\_\_  No  
**If yes, you MUST contact OSL bookkeeper.**

***If your event is a film, performance, speaker, dance, or special event, you MUST contact an OSL advisor.***

### ALLOW 5 WORKING DAYS TO PROCESS REQUEST

OFFICE USE ONLY:

Received:

Confirmed:

Confirmation #: