



APPLICATION FOR OFF CAMPUS EVENT
(Please allow for a minimum of 7 working days to process this application)

Title of Event: _____
 Date of Event: _____ Time of Event: _____ To: _____
 *Location: _____ Contact: _____ Tel: _____ ID#: _____
 Organization/Faculty: _____ Email: _____
 Co-sponsoring Organization(s)/Faculties: _____
 Ontario Tech Event Other _____

Description of Event: (Use back of form if more space is required)

of Ontario Tech Participants: _____ Number of non-Ontario Tech Participants: _____
 Guest Speaker(s): Name(s): _____ Admission Fee: _____
 Event Open to Public Advertising/Flyers for event if **checked**, specify on campus off campus both
 Do you consider this a potentially **high-risk** activity? Yes No
 Outside Suppliers If **checked**, please provide copy of agreement/contract and certificate of insurance

Event Requirements: (To be arranged by applicant, use back of form if more space is required)

Food Service Aramark Other, specify vendor name: _____
 Bar Service If **checked**, please contact Jacquelyn Dupuis **30** days prior to event date
 Ontario Tech paying for Bar Service
 Special access for people with disabilities required
 Transportation Participants responsible for own travel Arranged by Ontario Tech, specify: _____

Ontario Tech Affiliation:

Department: _____
 Individual (Student, Faculty, Staff): _____
 Off-Campus User: _____

The undersigned contact certifies that the *Organization is legally compliant, and in particular, is compliant with the Human Rights Code of Ontario, has a policy of Human Rights compliance and/or will uphold the same.

Contact Signature: _____

I hereby certify that I have signing authority and I am authorized to approve this event.

Signature: _____
Dean/ VP
Print Name: _____

<p>For use by the Office of Risk Management Only <input type="checkbox"/> Approved <input type="checkbox"/> Not approved, details below: <input type="checkbox"/> Conditionally approved, details below:</p>	<p>Date: _____ Signature: _____</p>
<p>Insurance Provider: <input type="checkbox"/> Insurance by Suppliers, specify: _____ <input type="checkbox"/> Other, specify: _____</p>	

Following Dean/VP approval, submit form to: Risk Management, Jacquelyn Dupuis
 Copy 1: Security Services, John Neil
 Copy 2: Student Life, Stephen Thickett (*student related only*)
 Copy 3: events@ontariotechu.ca