



## 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: \_\_\_\_\_  
 UOIT Event  Other \_\_\_\_\_

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

\_\_\_\_\_

Number of UOIT Participants: \_\_\_\_\_ Number of non-UOIT 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  
 UOIT paying for Bar Service  
 Special access for people with disabilities required  
 Transportation  Participants responsible for own travel  Arranged by UOIT, specify: \_\_\_\_\_

**UOIT 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><b>For use by the Office of Risk Management Only</b></p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not approved, details below: <input type="checkbox"/> Conditionally approved, details below:</p>	<p><b>Date:</b> _____ <b>Signature:</b> _____</p>
<p><b>Insurance Provider:</b></p> <p><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, UOIT, Olivia Petrie (*student related only*)  
Copy 3: Student Centre, Kristin Mitchell (*alcohol related only*)

\*Organization has a policy or is otherwise committed to upholding the Human Rights Code