

# NDSU Student Organization Event Planning & Risk Management Assessment

Return to: Student Activities Office  
120 Memorial Union Dept. 5340  
PO Box 6050  
Fargo, ND 58108-6050  
701-231-7787

## Event Information:

Date\*:  Time:

Event:

Location:

Description:

\*This form needs to be submitted to the Student Activities Office two(2) weeks prior to event.  
(see sections 7.7 & 8.1.1 of the student code of conduct)

Estimated Attendance  Copy of Venue Insurance (attached)  Yes  No

Target Audience:  Student - Members Only  Students - Potential Members  Students - Open to All  
(check all that apply)  Faculty Staff  Alumni  General Public  
 Other

Event Type:  Comedy/Hypnotist  Fair/Festival  Speaker/Forum/Lecture  
(check all that apply)  Concerts/Music Events  Film/Video/Movie  Special Event  
 Cultural Event  Fitness/Recreation/Intramural  Theatre/Play  
 Volunteering  Recruitment  Reception/Banquet  
 Dance/Performance  Other   
 Fundraiser: \*What Type/items Sold

\*Estimated amount raised

Raffle: \*Do you have a permit?  Yes  No

Items being raffled  \*Estimated amount raised

## Contact Information:

Student Organization:  Adviser:

Event Coordinator:  NDSU Email:

Phone:

## Sponsor Information:

Co-Sponsor(s):

Cash/In-Kind Donation:

## Ticket Information:

Will you have tickets?  Yes  No

If yes, where will  
tickets be available?

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## Risk Management Checklist

Please fill out the following if your event will be off campus and alcohol will be present.

Element	Event & Risk Management Rationale Reference #	Organizational Information (Complete this section as thoroughly as possible. Use additional paper and attach to form if needed.)
1. Identified Security (name of company and contact number)	3.4	
2. Specific Plan for Control of Alcohol (i.e. Checking Ids, Wristbands, etc.)	3.8, 3.15	
3. Guest List (please attach list to paperwork when it is turned in)	2.2, 2.7, 2.8, 3.6, 3.8	
4. Bartender Service Secured (name of company and contact number)	3.17	
5. Sober Monitors Identified	3.9, 3.16	
6. Safe and Sober Transportation Identified	3.10	
7. Type of Alternative Food (Non-Salty) and Beverage Provided	3.14	

### Official Signatures

The following person(s) are designated as the contact person(s) for the above identified event. By signing this form as the contact person, I/we agree to be present throughout the above identified event and agree to meet with local law enforcement at the event location or at a later date as the organization's representative should law enforcement so request. I/We also understand that meeting with law enforcement does not waive any legal rights that individuals or the organization may have for the above identified event.

Contact Person Name Printed Here

Phone Number

Signature

Contact Person Name Printed Here

Phone Number

Signature

As officer of the organization/chapter involved, I verify that all required elements on this notification form will be followed. I understand that if any of these required elements are neglected or if any of University policies are violated, my organization/chapter will be held accountable.

President Name Printed Here

Phone Number

Signature

Risk Reduction/Standards Chair Name

Phone Number

Signature

As advisor of the organization/chapter involved, I verify that the information in this notification form is true and accurate to the best of my knowledge.

Advisor Name Printed Here

Phone Number

Signature

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## Event Planning Checklist

This list is not all inclusive nor are all items necessary for every event.

Use this as a guideline to help you and your committee when planning and implementing events

- If the event has a performance involved, has this participating organization submitted a detailed description of their performance to their advisor or a Student Activities Staff member?
- If a performance will take place, has there been a rehearsal in which this participating organization has demonstrated at least a summary (including content, costume and makeup) for their planned performance?
- Is there anything in the performance which could be considered offensive to people of any specific race, color, national origin, religion, gender, disability, age, veteran status, sexual orientation, marital status, or social class?
- Has the sponsoring organization stated their expectations to performers about respecting others from a different race, color, national origin, religion, gender, disability, age, veteran status, sexual orientation, marital status, or social class?
- Propose Event to Sponsoring Group
- Complete/Request Contract
- Reserve Artist Lodging
- Arrange Artist Transportation
  - Venue
  - Dressing Rooms
- Reserve Rooms/Set-up Info
  - Venue
  - Dressing Rooms
  - Tables, Podium, Mics, etc.
  - Stage
  - Contact Table
  - Promotional Space (t-stand, cage, etc.)
  - Technicians
  - Other
- Check for Returned Signed Contract
- Financial Arrangement
- Arrange for Ticket Sales
  - TicketMaster
  - Office/Mailbox
  - Contact Table
  - Other
- Promotional Material
  - Order placed at MU Graphic Services
  - Poster designed & printed
  - Listserv Message
  - Tickets designed & printed
  - Newspaper Ad
  - Programs designed & printed
  - Misc. signs designed & printed
- Event Evaluations to be filled out by audience members
- Make Arrangements for Rider
- Contact Tech & provide Rider
- Recruit Volunteers/Make sign Sign-Up
- Confirm/Assign Volunteers
- Arrange Security
  - Student Security
  - Campus/City Police
- Accommodate Accessibility Needs
  - Closed Captioning
  - Interpreter
  - Reserved Seating
- Order Volunteer Shirts
- Obtained Movie Copyrights
- Order Food (*on campus events must go through Dining Services*)
  - Artist Rider
  - Participants
- Send Artist Parking Permit & Map
- Get Prizes
- Make an Itinerary for Event
- Prepare Artist Introduction
- Event Briefing prior to event
- Dry Run of the event
- Get Artist/Venue Payment
  - Day of Event
  - Mail after performance
- Place Directional/Misc. Signs
- Org. Info at Event
  - Organization Banner/Sign
  - Upcoming Event Promo
  - Calendar & Fliers
  - Audience Evaluations
- Evaluations
  - Prepare/Collect/Summarize
  - Event Evaluation Form
- Send Thank-you's

# NDSU Student Organization Event Planning & Risk Management Assessment

This is optional, but highly encouraged.

## Event Evaluation - Turn in a copy of this to the Student Activities Office within one week of event.

Event Title:

Date:

Description:

Evaluated by:

### NDSU Student Affairs Learning Agenda (check all that apply)

- Teach Students to Lead
- Teach Students to Serve
- Teach Students to Negotiate and Resolve Conflict
- Teach Students to Execute Tasks to Completion
- Teach Students to Function Cooperatively
- Teach Students to Participate as Committed Citizens of a Community

### Type of Program (check all that apply)

- Social
- Cultural
- Educational
- Recreational

### Issues Addressed (check all that apply)

- Disability Issues
- Racism
- Sexual Orientation
- Sexism
- Alcohol Issues
- Women's Issues
- Global Issues
- Service
- Exposure to Culture
- Leadership
- Controversial Issues
- Citizenship
- Other

Attendance: NDSU ID  Public

Ticket Price: NDSU ID  Public

### Financial Review:

Total cost of Program

Total Ticket Revenue

Extraneous Factors (weather, conflicting events, etc.)

Comments:

What aspects of this event would you keep if you did this event again?

Comments:

What aspects of this event would you change if you did this event again?

Comments: