



PROVIDENCE  
COLLEGE

## **OFF-CAMPUS EVENT REQUEST FORM**

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**REQUEST SUBMISSION DATE:**

**EVENT LEAD:** [Click here to enter text.](#)

**HOST:**

<b>Name:</b>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<b>Telephone:</b>	<a href="#">Click here to enter text.</a>	
<b>Email:</b>	<a href="#">Click here to enter text.</a>	

**EVENT NAME:** [Click here to enter text.](#)

**EVENT GOAL/PURPOSE:** [Click here to enter text.](#)

**RATIONALE OF IN-PERSON EVENT VS. VIRTUAL:** [Click here to enter text.](#)

**PROPOSED DATE/TIME:** [Click here to enter text.](#)

**EVENT TIME (Beginning-End):** [Click here to enter text.](#)  
(Beginning-End)

**EVENT LOCATION:** [Click here to enter text.](#)

**EVENT LOCATION/VENUE CONTACT:** [Click here to enter text.](#)

**EVENT LOCATION COVID/VENUE PLAN:** [Click here to enter text.](#)

**ESTIMATED GUEST COUNT:** [Click here to enter text.](#)

**GUEST LIST NAMES AND RESIDENT STATE (s):** [Click here to enter text.](#)  
(List VIPs and/or attach separate guest list)

**COLLEGE REPRESENTATIVES IN ATTENDANCE:** [Click here to enter text.](#)  
[Click here to enter text.](#)

Note: No official College Business Travel as of 7.22.2020-TBD per GW

**CONTINGENCY PLAN (Covid Surge or Denial of In-Person Event):** [Click here to enter text.](#)

**ADDITIONAL DETAILS:** [Click here to enter text.](#)

SIGNATURE APPROVAL OF DEPARTMENT SUPERVISOR:

APPROVAL DATE:

SIGNATURE APPROVAL OF VICE PRESIDENT:

APPROVAL DATE: