Alumni

Special Event Request Form

Event: __________________________________________________
Location: ________________________________________________
Date of Event: ___________________________________________
Time: ___________________________________________________
Chairperson or Host: ______________________________________
Alumni Constituency Requested: _____________________________
Requesting Department: ________________________________
Department Contact: ___________________________ Ext: ________

Event Details:

Invitations Printed: ____ Quantity: _____ Mail Date: ________
Invitations Emailed: ____ Mail Date: __________
Catering: _____ Reception: ____ Dinner: ____ Lunch: ____ Other: ____
FSEHS Executive Appearance: ____ Remarks: ____ Subject: _________________
Cost to Attending Alumni: ___________ Note: Attach a detailed budget
Additional Event Details: ____________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

_________________________ _______ __________________________  ________
Department Head      Date  Approved          Date

_____________________________________
Processed       Date