



APPLICATION FOR ON 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: _____ Applicant: _____ 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

Housekeeping Services, specify: _____

Special Parking Passes

Audio Visual Equipment

Facilities and Logistical Management Services, specify: _____

(i.e. Power Hook-up, moving furniture, portable washrooms etc.)

Special access for people with disabilities required

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.

Applicant 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</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not approved, details below: <input type="checkbox"/> Conditionally approved, details below:</p>	<p>Date: _____</p> <p>Signature: _____</p>
<p>Insurance Provider:</p> <p><input type="checkbox"/> Insurance Waived – Authorized by: _____ Title: _____</p> <p><input type="checkbox"/> Insurance by Suppliers <input type="checkbox"/> All-Sport Insurance purchased through UOIT</p>	

Following Dean/VP approval, submit form to:

- Risk Management, Jacquelyn Dupuis,
- Copy 1: Office of Campus Infrastructure & Sustainability, UOITBuildingOpsDT@uoit.ca
- Copy 2: Security Services, John Neil
- Copy 3: Communications and Marketing, Samantha Cook
- Copy 4: Durham College, Alan Dunn (*DC related events only*)
- Copy 5: Student Life, UOIT, Olivia Petrie (*student related only*)
- Copy 6: Regent Theatre, Kevin Arbour (*theatre related only*)

*Restricted space must be booked with the appropriate authority according to the Booking and Use of University Space Procedure
 **Organization has a policy or is otherwise committed to upholding the Human Rights Code