

Event Security Approval

Have you considered all of the details of the event you are planning? Do you know how to respond to any incident that may arise? Consider this an opportunity to think ahead about what might happen, and avoid a situation where you find yourself unprepared. This form must be completed and approved for all concerts, dances, or other events that may require security.

If you have questions about this form, contact the College Union Director (5-1036), or Campus Safety Director (5-1111). Complete *both sides* of this form, obtain all signatures, and return it to College Union Information Office no later than **10 days** prior to the event. **Space in the College Union will not be confirmed until this form is approved and returned.**

Event Name: _____

Date(s) of Event: _____ **Time & Length of Event:** _____

Location(s) of Event: _____

Sponsoring Organization(s): _____

Contact person(s): _____

Phone: _____ **E-mail:** _____

Type of event (check all that apply):

Dance Party Athletic Event Lecture/Speaker

Band/Concert

Local band(s) or Touring band(s) How many bands will be playing? _____

***Please list band name(s)

Other (please describe):

How will the event be advertised? (check all that apply)

***Please attach a copy of advertisement(s) and/or press release(s)

Flyers/signs on campus The Edge KTEC OTB Slide Show

Flyers/signs at other schools (please list schools) Other radio stations (please list)

Flyers/signs in the community (please list locations) Herald & News

Website (please list URL/web address) Other (please describe)

(Don't forget side 2...)

Estimated attendance _____

Who is invited? Who is the event being advertised to? (check all that apply):

- OIT students KCC students High School Students
- All Ages (including children) Open to Klamath Falls Community
- Other (please describe):

Do you foresee any potential security or conduct problems with this event?

Please describe your security plan...(attach separate paper if necessary)

- Campus Safety SASP Organization/Student Staff Other

<u>Approval</u>	
Club President/Program Director: _____	Date: _____
Club/Program Advisor: _____	Date: _____
Campus Safety Director: _____	Date: _____
Assistant Director of College Union: _____	Date: _____

This form must be completed and approved by all parties no later than **10 days** prior to the event
Please return to College Union Information Office when complete