



Event Organizer Information Form

Date: _____

This form is to be completed by the primary organizer of any event held at NSCAD University at which alcohol will be served. It is to be submitted (along with the *Permission to Use Facilities After 5pm and on Weekends* form) to the Director of Facilities Management at least one week prior to the planned event. A copy of the completed form will be provided as a reference for security staff during the event.

Name of office, group or department sponsoring and hosting the event:

Name and signature of primary event organizer accepting responsibility for organizing and managing the event:

Date:

Phone number _____ Email _____

Name of Bartender(s) _____

Phone number(s) _____ Email _____

Security Staff _____

Event Information

Title of Event

Admission Information

Date

Time

Location

Number of guests anticipated

Description of Event (please include information about any special features such as performers, contests or other activities). Please attach a copy of any invitations, posters or announcements for the event.

How will event organizers (including all volunteer staff) be identified?
