

Contact Person (for the event)
Phone Number (of contact person)
Email (of contact person)

Activity Information

Event Name

Describe your goal for this activity

Provide a general overview of the activity, including the plan for making the event a success



Will there be food at this event? Y N

Will there be alcohol at this event? Y N

Will you be working with any vulnerable populations (children, handicapped, or seniors)? Y N Is this activity collaborating with any another club, association, organization, or group? If so, please specify:

room booking required? Y N
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ime
/hich Room?
ABVC Boardroom (subject to availability)
ow Valley College Room (subject to availability)
First Choice Room:
Second Choice Room:
Third Choice Room:
ctivity held off-site
ate
ime
Please include proof of insurance with this application or speak with the VP Student Life to discuss options for off-site activities

List any additional room requirements (projector, screen, tables, chairs, etc.)



Activity Promotion

Advertising assistance from the SABVC is requested
SABVC can provide advertising support. Please select the kind of promotional help you require:
Table Booking (see below) SABVC Boardroom (if the event is open to all SABVC members)
Poster displayed on bulletin boards
Is a table required? Y N
Date
Time
Table Activity (what will your club be doing at the table?)
Requested table locations (list in order of preference)
1
2
3

Ticket Sales

Describe the method for distributing and tracking the sale of tickets, if applicable:



Explain the club's plan for funding the activity or for funding the remaining portion of the activity if they are approved for the Events and Activities Grant:





We would like to apply for the SABVC Events and Activities Grant

The Events and Activities Grant allows a club opportunity to have up to 80% of an activity or event paid for. This application will be reviewed by Students' Council and the amount determined is based on the club's projected need, the benefit to the student, other available funding opportunities for the club, and the available funds in Students' Council grant budget.

Projected Event Funds

Activity Income Sources	Amount
Total Estimated Income	
Activity Expenses	Amount
Total Estimated Expenses	



Risk Assessment

There will be alcohol at this event [
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Actions to minimize risk

Bartender/venue management is aware of their responsibility not to over serve	Υ	Ν
Club volunteers are aware that they cannot drink before or during their shift	Y	Ν
No attendees under the age of 18 will be served alcohol	Y	Ν
Adequate insurance has been acquired (including liquor license)	Y	Ν
Food is available to attendees	Y	Ν

There will be travel for this event \Box

Information

Attendees responsible for own transportation	Y	Ν
Rent cars/vans - name of company:	Y	Ν
Carpooling	Y	Ν
Rent bus – name of company:	Y	Ν
Out of province/country – destination:	Y	Ν
Actions to minimize risk		
Waivers will be administered and submitted to SABVC	Y	Ν
All carpooling drivers have valid licenses and insurance	Y	Ν
Arrival/departure times known by all attendees	Y	Ν
Attendees know contingency plan for missing return transportation	Y	Ν
No alcoholic beverages permitted on bus	Y	Ν
No intoxicated individuals will board bus	Y	Ν
All participants have proper medical and travel insurance	Y	Ν
Travel arrangements are made for attendees with special needs	Y	Ν



There will be physical activity for this event	
Information	
Moderate (eg. Laser tag, bike ride, skating, etc.)	Y N
High (eg. Ice hockey, skiing, paint ball, etc.)	Y N
Actions to minimize risk	
Waivers will be administered and submitted to SABVC	Y N
All attendees bring healthcare card and identification	Y N
Plan for transporting injured to hospital	Y N
Primary organizer brings first aid kit	Y N
Lecture, Demonstration, Meeting, Guest Speaker	
Information	
Topic/Subject:	
Name of Speaker(s):	
Actions to minimize risk	
Security plan in place, if necessary	Y N
SABVC informed of media attendance	Y N
Bow Valley College informed by VP Student Life	ΥN

We acknowledge that the above information is true and accurate. We will continue to ensure the details remain accurate for the duration of the event/activity described until all matters relating to the event/ activity draw to a close.

Club Signing Officer Name	
Signature	Date
Club Similar Off and Name	
Club Signing Officer Name	
Signature	_ Date
Club Signing Officer Name	
Signature	
Club Signing Officer Name	
Signature	