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

## Activity Information

Event Name
Describe your goal for this activity
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

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

Will there be food at this event? $\square \mathrm{Y} \square \mathrm{N}$
Will there be alcohol at this event?


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

Is room booking required? $\square$
Date $\qquad$
Time $\qquad$
Which Room?
SABVC Boardroom (subject to availability) $\square$
Bow Valley College Room (subject to availability) $\square$
First Choice Room:
Second Choice Room: $\qquad$
Third Choice Room: $\qquad$

Activity held off-site $\quad \square$
Date $\qquad$
Time $\qquad$
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) $\square$ SABVC Boardroom (if the event is open toall SABVC members)

Poster displayed on bulletin boards $\quad \square$
Listed on our website $\quad \square$

Is a table required? $\square \mathrm{Y} \quad \square \mathrm{N}$
Date $\qquad$
Time $\qquad$
Table Activity (what will your club be doing at the table?)
$\qquad$
$\qquad$
$\qquad$

Requested table locations (list in order of preference)
1
2
3 $\qquad$

## Ticket Sales

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

## SAB

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
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

## Total Estimated Income

Activity Expenses
\$ $\qquad$
Amount
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

## Risk Assessment

There will be alcohol at this event $\square$

## Actions to minimize risk

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


There will be travel for this event $\square$

## Information

Attendees responsible for own transportation
Rent cars/vans - name of company:
Carpooling
Rent bus - name of company:
Out of province/country - destination:

## Actions to minimize risk

Waivers will be administered and submitted to SABVC
All carpooling drivers have valid licenses and insurance
Arrival/departure times known by all attendees
Attendees know contingency plan for missing return transportation
No alcoholic beverages permitted on bus
No intoxicated individuals will board bus
All participants have proper medical and travel insurance
Travel arrangements are made for attendees with special needs


There will be physical activity for this event $\square$

## Information

Moderate (eg. Laser tag, bike ride, skating, etc.)
High (eg. Ice hockey, skiing, paint ball, etc.)


## Actions to minimize risk

Waivers will be administered and submitted to SABVC
All attendees bring healthcare card and identification
Plan for transporting injured to hospital
Primary organizer brings first aid kit


Lecture, Demonstration, Meeting, Guest Speaker $\quad \square$

## Information

Topic/Subject: $\qquad$
Name of Speaker(s): $\qquad$

## Actions to minimize risk

Security plan in place, if necessary
SABVC informed of media attendance
Bow Valley College informed by VP Student Life


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 $\qquad$
Signature $\qquad$ Date $\qquad$
Club Signing Officer Name $\qquad$
Signature $\qquad$ Date $\qquad$
Club Signing Officer Name $\qquad$
Signature $\qquad$ Date $\qquad$

Club Signing Officer Name $\qquad$
Signature $\qquad$ Date $\qquad$

