



### Club/Student Event Request

*Club form must be submitted for approval no later than 3 weeks in advance of the event*

Date: \_\_\_\_\_

Name of Event or Activity: \_\_\_\_\_ Club Name: \_\_\_\_\_

Requestor/Student Name: \_\_\_\_\_ Contact phone number: \_\_\_\_\_

Event Date: \_\_\_\_\_ Time: from \_\_\_\_\_ to \_\_\_\_\_ Has the date been approved by **Maybree Rittenhouse?**:  
Yes No

Description of Event or Activity: (list types of activities planned, i.e., meeting, lecture, etc):  
\_\_\_\_\_  
\_\_\_\_\_

Will food be served? Yes No If Yes, please indicate vendor:

***Alcohol may not be purchased using club funds, nor can it be sold by club/classes at events.***

Jason's Deli- 918-599-7777

Mazzio's 918-641-1340

HoneyBaked Ham- 918-254-6339

Zoes Kitchen 918-749-0013

Panera Bread- Tulsa Hills 918-447-0023

Baxter's- 918-585-3134

Qdoba- 918-585-2229

Naples flatbread- Downtown 539-777-5491

Ted's Cafe Escondido- 918-254-8337 Ext 4

Other vendor

Reasors on 15th and Lewis

Anticipated attendance: \_\_\_\_\_

1st room choice: \_\_\_\_\_ 2nd room choice: \_\_\_\_\_ 3rd room choice: \_\_\_\_\_

A/V equipment and furniture requested: \_\_\_\_\_

Simulation Center needed: Yes No *(Fees may apply, meeting with Shelley Houk required)*

**By signing this form, Applicant, on behalf of the Club, expressly acknowledges that OSU Center for Health Sciences is not responsible for the event identified herein and will not have any employee present at said event. Applicant, on behalf of Club, knowingly, voluntarily, and expressly waives any and all claims against OSU Center for Health Sciences, and its officers, agents, employees, volunteers, representatives, and assigns.**

\_\_\_\_\_  
**Applicant** **Date**

\_\_\_\_\_  
**Club Officer** **Date**

\_\_\_\_\_  
**Club Sponsor/Advisor** **Date**

\_\_\_\_\_  
**Angela Bacon, ABD, M.S.** **Date**  
**Interim Assistant Dean of Student Life**