



## WVSOM Pre-Event Planning Form

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### General Organization Information

Name of Organization:

Submitter Name:

Position in Organization:

Phone Number:

Email Address:

On-Site Contact Name:

Advisor Present During the Event :

## Event-Specific Information

Name of Event:

Event Start Date:

Start Time:

Event End Date:

End Time:

Location(s) of Event:

Is Event Recurring?:

Yes

No

If Yes, Additional Locations and Event Date(s):

## Inclement Weather Plan

Does the event take place outdoors?

Yes

No

If Yes,

A: What is your back-up location?

**B:** What parking accommodations will need to be made considering the back-up location?

In the event of inclement weather, will this event be cancelled?

Yes

No

**If Yes,**

**A:** What time will you decide to move or cancel the event in case of inclement weather?

**B:** Who will make the decision?

**C:** How will you notify participants?

Will this event require assistance for traffic control?

Yes

No

If Yes: Contact Maintenance Dept. for assistance with charter buses, parking, signage, etc.

How will your organization maintain an effective presence during the event?

What staffing will the organization provide during the event?

Where will the staffing be located during the event?

Will alcohol be present at the event (alcohol will be served during the event, the event takes place in a location where alcohol is available, etc.) ?:

Yes

No

If Yes: You must review and adhere to the Institutional Policies and Procedures regarding The Use of Alcoholic Beverages. GA 08-5

[http://www.wvsom.edu/sites/default/files/u21/GA-08\\_Drugs\\_Alcohol\\_Testing\\_and\\_Treatment.pdf](http://www.wvsom.edu/sites/default/files/u21/GA-08_Drugs_Alcohol_Testing_and_Treatment.pdf)

What is the estimated number of attendees for the event?

0-20

21-50

51-100

101-200

201-249

250+

Please Complete and submit form to:

Matt Carver

Safety Compliance Officer

Office of Campus Safety (WVSOM)

Office: U207

[mcarver@osteo.wvsom.edu](mailto:mcarver@osteo.wvsom.edu)