

1. Student Organization Sponsoring Dance
  
2. 

<u>Student Organization Contact</u>	<u>Title</u>	<u>Home &amp; Work Phone #</u>	<u>Cell Phone</u>
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3. 

<u>Date of Dance</u>	<u>Time of Dance</u>	<u>Today's Date</u>
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4. Estimated Attendance  

Will you be applying for an attendance exemption?      YES      NO

If yes, what are you asking for your guest limitations? \_\_\_\_\_

Approved      YES      NO

Approval Signature and Date \_\_\_\_\_
  
5. 

Is this event a fundraiser?      YES      NO

Will money be collected at the door?      YES      NO

If so, what is the admission fee? \_\_\_\_\_
  
6. 

University Center facility requested: \_\_\_\_\_ Ballroom (200 person capacity)

Student Union Facility requested:      \_\_\_\_\_ Ballroom  
    \_\_\_\_\_ Multipurpose room  
          \_\_\_\_\_ Other \_\_\_\_\_
  
7. 

Who will be attending the dance (check one)?      \_\_\_\_\_ NKU students only  
    \_\_\_\_\_ NKU students & general public
  
8. 

If a DJ is contracted for the event, is the contract attached? \_\_\_\_\_
  
9. 

Student organization faculty/staff advisor or approved representative that will be in attendance at dance: \_\_\_\_\_

Name	Cell Phone Number
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10. 

Names and cell phone numbers of four members of your student organization who will be in attendance to assist in set-up, clean-up and serve as a student monitors.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Dance cancellations must be made in writing to University Center Management and the Department of Public Safety 48 hours prior to the scheduled dance or the sponsoring student organization will lose privileges for the remainder of the semester. Penalties associated with not meeting the cancellation requirements are listed in the Dance Policy.**

**By signing below, I certify that provided information is correct and that I have read and understand the NKU Dance Policy and will comply fully with said policy.**

**Signature of Student Organization Contact Person** \_\_\_\_\_

**Faculty/Staff Advisor's Signature** \_\_\_\_\_ **Department & Phone #** \_\_\_\_\_  
(Must be present 30 minutes prior to start & till the facility is cleared)

**Director of Student Life Approval:** \_\_\_\_\_

**Director of Public Safety Approval:** \_\_\_\_\_

**Director of University Center Operations Approval:** \_\_\_\_\_