

CBU STUDENTS' UNION

Society Event Planning Form



Section A: Event Information

Name of Society: _____

Name of Event: _____

Event Description:

Event Date: _____

Exact Destination/Location: _____

Capacity of Venue: _____

Expected Number of Participants: _____

Start Time: _____ Finish Time: _____

Primary Event Organizer: _____

Position in Organization: _____

PEO Workshop Attended: Yes: _____ No: _____

Student ID: _____

Phone Number: _____

Email Address: _____

Alternate Contact: _____

Position in Organization: _____

Student ID: _____

Phone Number: _____

Email Address: _____

Section B: Event Risk Management Form

1. **Alcohol involved?** Yes ____ No ____ *If No, Skip to Section 2- Travel.*

Yes No

Served by bartender/venue?

- Name of Venue: _____

Number of expected participants: _____

Number of non-drinking volunteers (trained in Smart Serve, CPR, and/or First Aid) that will be present at the event: _____ (Guideline: 1 per 25 expected guests)

If to be held in The Pit Lounge, has a Pit Lounge Book Form been filled out and submitted to the Operations Manager?

Bartender/venue management are Smart Serve trained and are aware of their responsibility not to over-serve or serve to minors?

Will the entrance/ticket cost include alcohol?

- If so, how much alcohol is included in the ticket price (e.g. 2 drinks)?

Will food be provided at the event?

- If so, what types?

Will attendees be required to bring government issued photo I.D.?

Will attendees be required to bring health card (OHIP, UHIP, etc)?

Is this event an all-ages event?

- If the event is all-ages, what procedures will be in place effect to ensure that no persons under 19 years of age are permitted alcohol?

OFF CAMPUS ONLY: Will security be hired for this event? (All events held in The Pit Lounge will be staffed as determined by the Operations Manager)

OFF CAMPUS ONLY: If to be held off campus, will one properly trained person be responsible for checking ID?

2. **Travel Involved?** Yes ____ No ____ *If No, Skip to Section 2- Physical Activity/Personal Safety.*

- Are you arranging group transportation?
- Renting cars/vans?
• Name of company: _____
• Insurance included in rental fee? _____
- Renting bus?
• Name of company: _____
• Insurance included in rental fee? _____
- Driving personal vehicles?
(Owner must carry **MINIMUM** \$1 Million Liability insurance)
- Travel arrangements are made for attendees with special needs?
- Arrival/departure times communicated to all attendees in writing?
- Do you have a contingency plan for persons missing return transportation?
- Have alcoholic beverages been banned on bus and/or rental van?
- Will intoxicated individuals be permitted to board the bus upon departure from Cape Breton University?
- Will attendees be required to bring health card, identification and passport (as required)?
- Out of province/country? (If yes, please answer the following)
• Does each student have adequate Out of Province health coverage? _____
• Has each student been advised of the required documents and health requirements needed to leave the province/country? _____
• If travelling with International students, have they received "Status Letters" from the University and made sure their study permits are valid and up to date? _____
- Will a waiver/consent form be used?

3. **Physical Activity/ Personal Safety risk involved?** Yes ____ No ____ *If No, Skip to Section 4- Community Relations*

- Yes No
- Moderate Physical Activity? (e.g. dancing, skating, running, etc.)
- High Physical Activity? (e.g. ice hockey, skiing, paintball, rock climbing, etc.)
- Number of expected participants: _____
- Number of volunteers (trained in CPR, and/or First Aid) designated to monitor attendees (Guideline- 1 volunteer for every 25 participants): _____

- Equipment involving degree of risk? (e.g. hot tubs, trampoline, major audio, etc.)
 - If yes, has training been provided for use of equipment? _____
 - Number of people designated to monitor this equipment: _____
- Personal Safety Issues (e.g. walking after dark, soliciting, working with 'at risk' persons, etc.)
- Will the Primary Event Organizer bring St. John's Ambulance approved first-aid kit(s)?
- Will attendees bring health card?
- Will crowd control measures be put in place?
 - If so, please specify: _____
 - _____
 - _____
 - _____
 - _____
- In case of emergencies, have arrangements been made for evacuation of students with disabilities?
- Organizers are aware of information regarding location of nearest hospital and means for transport (location/phone)?
- Have you established a designated meeting place outside the venue in case of evacuation?
- ON-CAMPUS ONLY:** Will Facilities Management be aware of your event and any special circumstances?
- ON-CAMPUS ONLY:** Will Commissionaires be aware of your event and any special circumstances?
- Will a waiver/consent form be used?

4. **Community Relations (On & Off Campus) Risk Involved?** Yes ____ No ____ *If No, Skip to Section 5- Contracts*

- | Yes | No | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | Have you considered the human rights implication of this event - is it inclusive and respectful of racial and cultural diversity, gender, sexual orientation, gender identity and disability? |
| <input type="radio"/> | <input type="radio"/> | Will there be amplified music/speeches? |
| <input type="radio"/> | <input type="radio"/> | Adherence to noise by-laws? |
| <input type="radio"/> | <input type="radio"/> | Are you hosting the activity in a residential neighbourhood? |
| <input type="radio"/> | <input type="radio"/> | Letter of notice sent to neighbours and surrounding businesses? |
| <input type="radio"/> | <input type="radio"/> | Will you require on-site crowd control? |
| <input type="radio"/> | <input type="radio"/> | Clean-up crew has been designated? |

5. **Contracts?** Yes ____ No ____ *If No, Skip to Section 6- Other Risks).*

Yes No

As part of organizing this event, are you required to sign contracts with vendors/suppliers?

If yes, are there clauses which hold your organization or the Cape Breton University Students' Union legally liable?

5. **Other Risks.**

Are there any other risks which you as organizer feel participants would be exposed to by participating in this event? Give details.

6. **Additional Information:**

SECTION C: PRIMARY EVENT ORGANIZER CONTRACT

I, _____ (Print Name), hereby agree to act as Primary
Event Organizer on _____, 20____ (Date) for the

_____ (Name of Society)
_____ (Name of Event).

I understand that:

1. I will be responsible for organizing the event.
2. I must ensure that the planning of the event complies with Risk Management procedures and CBU Students' Union policies. Failure to comply will jeopardize the ratification of the society.
3. I will be responsible for holding the event in the manner specified on the submitted Event Risk Management Form.
4. I will ensure that every volunteer is aware of their duties and responsibilities throughout the duration of the event.
5. I will be required to complete a detailed Student Event Incident Report within 72 hours of an occurrence if one should take place at the abovementioned event.
6. I will return the event venue in the original state in which it was received.
7. I am accountable to the members of my society, as well as to the CBU Students' Union and Cape Breton University.
8. I must ensure that the event will uphold the integrity and general well being of its attendees.
9. I am not to consume any alcohol the day of the event until it had ended and all participants and volunteers have safely dispersed.

I AGREE TO UPHOLD ALL OF THE REQUIREMENTS OF THE PRIMARY EVENT ORGANIZER CONTRACT.

SIGNATURE OF PEO _____

DATE _____

WITNESS _____

DATE _____

SECTION D: PROPOSED BUDGET

Revenue:

Please list fundraising activities and expected revenue, if applicable.

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Revenue: \$ _____

Expenses:

Please list all applicable costs.

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Expenses: \$ _____

Net Income/Loss (Revenue - Expenses)

\$ _____

SECTION E: FOR ADMINISTRATIVE PURPOSES ONLY

Account Balance: \$ _____
As of: _____

Funds Available? Yes ____ No ____

Review Comments:

Signature below indicates this event has been approved subject to all conditions *set out in this document*.

FINAL APPROVAL	
VP Finance & Operations, CBUSU	_____ (Signature)
	_____ (Date)