Event Security Approval

Have you considered all of the details of the event you are planning? Do you know how to respond to any incident that may arise? Consider this an opportunity to think ahead about what might happen, and avoid a situation where you find yourself unprepared. This form must be completed and approved for all concerts, dances, or other events that may require security.

If you have questions about this form, contact the College Union Director (5-1036), or Campus Safety Director (5-1111). Complete both sides of this form, obtain all signatures, and return it to College Union Information Office no later than 10 days prior to the event. Space in the College Union will not be confirmed until this form is approved and returned.

Event Name: ____________________________________________

Date(s) of Event: ___________________ Time & Length of Event: _____________________

Location(s) of Event: ____________________________________________

Sponsoring Organization(s): ____________________________________________

Contact person(s): ____________________________________________

Phone: __________________ E-mail: __________________

Type of event (check all that apply):

☐ Dance ☐ Party ☐ Athletic Event ☐ Lecture/Speaker
☐ Band/Concert
☐ Local band(s) or ☐ Touring band(s) How many bands will be playing? ________

***Please list band name(s)

☐ Other (please describe):

How will the event be advertised? (check all that apply)

***Please attach a copy of advertisement(s) and/or press release(s)

☐ Flyers/signs on campus ☐ The Edge ☐ KTEC ☐ OTB Slide Show
☐ Flyers/signs at other schools (please list schools) ☐ Other radio stations (please list)
☐ Flyers/signs in the community (please list locations) ☐ Herald & News
☐ Website (please list URL/web address) ☐ Other (please describe)

(Don’t forget side 2…)}
Estimated attendance _______

Who is invited? Who is the event being advertised to? (check all that apply):
□ OIT students          □ KCC students          □ High School Students
□ All Ages (including children)          □ Open to Klamath Falls Community
□ Other (please describe):

Do you foresee any potential security or conduct problems with this event?
Please describe your security plan…(attach separate paper if necessary)
□ Campus Safety          □ SASP          □ Organization/Student Staff          □ Other
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Approval
Club President/Program Director: _____________________________ Date: _____________________
Club/Program Advisor: _____________________________ Date: _____________________
Campus Safety Director: _____________________________ Date: _____________________
Assistant Director of College Union: _____________________________ Date: _____________________

***This form must be completed and approved by all parties no later than 10 days prior to the event***
***Please return to College Union Information Office when complete***