

Event Request Form



Date:	Event Name:	Event Purpose:	
Event ID: (For ICI Use Only)	Event Requested by: Email: Telephone:	Event Coordinator Name: Email: Telephone: <input type="checkbox"/> ICI <input type="checkbox"/> Event Requester	
Event Start Date and Time: Month Day Year Time	Event End Date and Time: Month Day Year Time	Event Frequency: <input type="checkbox"/> One Time <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly Day(s) of Wk/Mth:	
Event Location: <input type="checkbox"/> ICI <input type="checkbox"/> Non-ICI	Event Categories: <input type="checkbox"/> Sports Event <input type="checkbox"/> Fund Raising <input type="checkbox"/> Dawa <input type="checkbox"/> Iftar <input type="checkbox"/> ISI Program <input type="checkbox"/> ICI Program <input type="checkbox"/> Eid Party		
Estimated Number of Event Attendees			
Estimated No of	Men	Women	Children
Participants			
Volunteers			
Vendors			
Staff (ICI Office Use Only)			
Total			

For ICI Office Use Only		
Event ID:	Update ICI Calendar/Schedule: <input type="checkbox"/> Yes <input type="checkbox"/> No	Update ICI Website/Voice: <input type="checkbox"/> Yes <input type="checkbox"/> No
Event Sponsor: Email: Telephone:	Event Disposition: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected Reason if rejected:	Event Fees/Deposit: (For ICI use only)
Event Balance Dues: (For ICI use only)	Event Cost: (For ICI use only)	Event Revenue: (For ICI use only)
Event Status: <input type="checkbox"/> Pre-Approval <input type="checkbox"/> Planned <input type="checkbox"/> Cancelled <input type="checkbox"/> Held <input type="checkbox"/> Closed (Check all that apply)		
Date: _____		

Event Requirements/Responsibility	
(All vendors for food, supplies, chairs, setup, etc. should be on Pre-Approved list with ICI Office)	
Requirement	Details
Registration: <input type="checkbox"/> ICI <input type="checkbox"/> ER <input type="checkbox"/> N/A	
Parking: <input type="checkbox"/> ICI <input type="checkbox"/> ER <input type="checkbox"/> N/A	
Security: <input type="checkbox"/> ICI <input type="checkbox"/> ER <input type="checkbox"/> N/A	
Safety (Signs, cones, barricades, etc.) <input type="checkbox"/> ICI <input type="checkbox"/> ER <input type="checkbox"/> N/A	
Food : <input type="checkbox"/> ICI <input type="checkbox"/> ER <input type="checkbox"/> N/A	
Guest Speaker: <input type="checkbox"/> ICI <input type="checkbox"/> ER <input type="checkbox"/> N/A	
Communication (Displays, Publicity, etc.) <input type="checkbox"/> ICI <input type="checkbox"/> ER <input type="checkbox"/> N/A	
Sound System: <input type="checkbox"/> ICI <input type="checkbox"/> ER <input type="checkbox"/> N/A	
Room/Location Setup: <input type="checkbox"/> ICI <input type="checkbox"/> ER <input type="checkbox"/> N/A	
Children Fun Sets <input type="checkbox"/> ICI <input type="checkbox"/> ER <input type="checkbox"/> N/A	
Children Baby Sitting <input type="checkbox"/> ICI <input type="checkbox"/> ER <input type="checkbox"/> N/A	