



Event Services

Squires Student Center, Suite 221
540.231.5005 | eventservices@vt.edu

Reservation ID:	
Reservations Coordinator:	
Date Received/Accepted By:	
Risk Level Assigned:	<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3

Last Updated: 07/2020 SS

COVID-19 Event Request Form

Event Title: _____ **Estimated Attendance:** _____

Event Date(s): _____ **Event Location:** _____

Please check your event type:
 Open to the General Public
 Closed (sponsoring group & invited guests)
 Open to the VT community only

Event Description:

Sponsoring Org/Department Requesting: _____

If you are sponsoring a non-university group, enter their name: _____

On-Site Contact: _____

Cell Phone: _____ **E-mail:** _____

PLEASE CHECK ALL THAT APPLY:

Where is the event occurring?	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
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Do you plan on having food?	<input type="checkbox"/> No <input type="checkbox"/> Yes, prepackaged <input type="checkbox"/> Yes, catered – plated <input type="checkbox"/> Yes, catered – buffet <input type="checkbox"/> Yes, self-serve but prepared in a health certified kitchen (pizza, deli sandwiches etc.)
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How long is your event?	<input type="checkbox"/> Less than 60 minutes <input type="checkbox"/> 60 – 180 minutes <input type="checkbox"/> Over 180 minutes
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What level of activity will occur at your event?	<input type="checkbox"/> No activity (ex. seated event) <input type="checkbox"/> Low activity (ex. informational fair, reception, etc.) <input type="checkbox"/> Moderate activity (ex. Yoga, bowling, etc.) <input type="checkbox"/> High activity (ex. dance, martial arts, sports, etc.)
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Will your guests RSVP/Register to attend the event?	<input type="checkbox"/> No <input type="checkbox"/> Yes, RSVP <input type="checkbox"/> Yes, registration/ticketing
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Seating Arrangements	<input type="checkbox"/> Assigned or Reserved Seating <input type="checkbox"/> General Admission <input type="checkbox"/> No Seating/Standing Room
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Select the composition of your attendees and facilitators:	<input type="checkbox"/> VT Community Members only (current students, staff, faculty) <input type="checkbox"/> Non-VT Guests only <input type="checkbox"/> VT Community Members and Non-VT Guests
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Can this event occur virtually?	<input type="checkbox"/> Yes <input type="checkbox"/> No*
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**If no, please explain why it cannot occur in a virtual format:*

PLEASE ANSWER THE FOLLOWING QUESTIONS IN DETAIL: *(Please note: failure to provide adequate details will result in event denial)*

How will you track attendance*? *(Tracking attendance through a sign in sheet, RSVP list and/or ticketing is a requirement for all events)*
** Please note the tracking of attendance is required for all events.*

Please explain how you will ensure your participants will maintain physical distancing throughout the event (from check-in to exit). Additionally, please elaborate on how you will control access to the event (designated entrances, roped/fenced off area (outdoor), etc.). *(A 6-foot distance between each participant is required for all events. A 10-foot distance is required for all events that include high level activity)*

Please explain how you will ensure your participants are wearing face coverings for duration of your event *(from check-in to exit)*

Please explain how you will routinely disinfect high contact areas and hard surfaces and ensure items are not being shared *(High contact areas include but are not limited to check-in stations, door handles, tables, chairs, etc. Shared items include but are not limited pens, utensils, etc.)*

By submitting this form, I indicate that I have read and I understand this document. I, individually and on behalf of my organization or department ("I"), agree to adhere to the Events during COVID-19 Guidelines as well as all applicable posted signage/guidance, Event Services, Student Engagement and Campus Life, University Policies, and State and Federal Laws, including Executive Orders from the Governor. Me and my Student Organization or Department's failure to do so may result in the loss of event approval, ability to make future reservations, and/or further sanctions. I acknowledge that with an increased interaction of people, there may be an increased risk of exposure to COVID-19 and other infectious diseases. By submitting this form, I acknowledge and assume this risk as well as agree to take all necessary precautions to mitigate risk to myself and my guests which includes but it not limited to practicing proper physical distancing, regularly sanitizing surfaces, washing hands, and wearing face coverings.

Print: _____ Signature: _____ Date: _____

FOR OFFICE USE:

Reservations Coordinator	Assistant Director	Director
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> AD Review Initials: _____ Date: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Director Review Initials: _____ Date: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> IMT Review Initials: _____ Date: _____
Incident Management Team <input type="checkbox"/> Approved <input type="checkbox"/> Denied Initials: _____ Date: _____		

Notes: