

# EVENT REQUEST FORM

### CHAPTER INFORMATION

Chapter Name: \_\_\_\_\_

Chapter Address: \_\_\_\_\_

## INSTRUCTOR INFORMATION

Instructor Name:	
Instructor Phone #:	

Instructor Email: \_\_\_\_\_

**Booking Policy**: Event Request forms must be received a minimum 7 weeks prior to classes that require tuition and 6 weeks prior to classes that are free. No events will be scheduled beyond 6 months unless required by a venue. Initial: \_\_\_\_\_

<u>Cancellation/Rescheduling Policy</u>: If an event is cancelled/rescheduled by the instructor, except for factors deemed out of his/her control, after the event has been scheduled/booked with a particular venue the instructor will be subject to a \$50.00 cancellation/rescheduling fee for each venue that needs to be cancelled/rescheduled. Initial: \_\_\_\_\_

<u>Scheduled/Booked</u>: A venue is deemed scheduled/booked when we have acquired a contract, and Instructor has received the event booked confirmation email from Event Registration. Initial: \_\_\_\_\_

<u>Deemed out of our control</u>: If the event is cancelled/rescheduled due to factors out of our control, I.e. weather, death in the family, or any other unforeseen reason, there will be no cancellation/rescheduling fee. Initial: \_\_\_\_\_

<u>Cancellation/Rescheduling payment</u>: Payment must be received within 48 hours of initial request or an additional \$25.00 per venue will be charged. The instructor will not be allowed to request new events until payment is received. Initial:

### COURSE EVENT INFORMATION

	Venue:		Backup Venue 2:			
		— — De	sired Dates & Times: e list in order of preference)			
1. Date:	2. Date:		4. Date:		6. Date:	
Time:	Time:	Time:	Time:	Time:	Time:	
	Any additiona	I would like to book a al dates are assumed to	a total of dates backup dates if the		vailable.	
Comments:						

# COURSE EVENT INFORMATION

Jackrod Manual						
Jesired venue:						
Backup Venue 1:		Backup Venue 2:		Backup Venue 3:		
		Des	ired Dates & Times:			
1. Date:	_ 2. Date:		list in order of preference) 4. Date:	5. Date:	6. Date:	
Time:	Time:	Time:	Time:	Time:	Time:	
	Any additiona	I would like to book a I dates are assumed to b			/ailable.	
Comments:						
		COURSE E	EVENT INFORMA	TION		
ourse Title:						
Backup Venue 1:			Backup Venue 2:			
l. Date:	_ 2. Date:	(Please	ired Dates &Times: list in order of preference) 4. Date:		6. Date:	
Time:	Time:	Time:				
		I would like to book a	total of dates	s at this venue.		
	Any additiona	I dates are assumed to b	be backup dates if the	first are not av	/ailable.	
Comments:						
		ΔΟΟΙΤΙΟΝΑΙ	. EVENT INFORM	ΙΔΤΙΟΝ		
		ADDITIONAL		MATION		
	2		-		extra expense for you, the CF	
	□ Screen □	] Projector 🛛 Lapt	op or Desktop	Podium 🗆 Reg	istration Table	
pecial Requests:						