



Lake Superior State University

Office of Campus Life
650 W. Easterday Avenue
Sault Ste. Marie, MI 49783

Event Registration Form

Event Title: _____

Date of Event: _____ Setup Time: _____ Start Time: _____ Length: _____

Location of Event: _____

Sponsoring Organization(s): _____

Contact Name: _____ Phone: _____

E-mail address: _____

Event Description: _____

Anticipated Attendance: _____ Target Audience: _____

Is the event open to all students? ____Yes ____No

Is the event open to the public? ____Yes ____No

Will there be a charge to participate in the event? ____Yes ____No

If yes, how much and who is required to pay? _____

Is the event a fundraiser? ____Yes ____No

If yes, what is the purpose and how much does the organization anticipate raising?

Please check one:

- Please submit to the University Events calendar.
- Our organization will submit to the University Events calendar.

Thank you for completing this information and submitting it to the Office of Campus Life.