## STUDENT CENTER FACULTY/STAFF EVENT SUPPORT AGREEMENT

Student Name	Event Date & Time
Event Name and/or Class Assignment	
Event Location	
Supporting Staff/Faculty Member Name	
Supporting Staff/Faculty Member Email	
Staff/Faculty Department	Department Code
Please provide us with a brief description on Columbia College Chicago:	n how your event will be beneficial to the community of
Thank you for agreeing to serve as the suppo scheduled pending receipt of this contract.	rting sponsor for this event. The event has been conditionally
clean up, talent management, promotion and	of the event. I accept the responsibility for planning, setup, digeneral event management of the event. If applicable, I am dost importantly, I agree to be respectful of the event space college Chicago's Student Code of Conduct.
	ttend the event, serve as a representative of the College and ould you observe that campus rules are being violated during s and handle the situation.
Student Signature	 Date
Supporting Staff/Faculty Member	Date
Dept. Chair Signature	 