|  |  |  |  |
| --- | --- | --- | --- |
| A picture containing text, font, logo, graphics  Description automatically generated | **EVENT REQUEST FORM****Pending Approval of Team Leader and Board Link** | **Date submitted:** |  |
| **Date approved:** |  |
| **Presenter/****Facilitator** | **Name (as it will appear on check)** | **Email:** |
|  |  |
| **Mailing Address** | **Phone:** |
|  |  |
|  |  |
| **Description*****(Title, subject, format, brief description of event)*****Why would someone be interested in taking this class or attending this event?****Use additional paper is necessary.**  | **Name of Event** |
| **TITLE:** |
|  |
| **Event Type: (check box)** | **Proposed Date(s)** | **Time** |
|  | **SALT** (Sunday Adult Learning Time) |  |  |
|  | **Class** |  |  |
|  | **Concert** |  |  |
|  | **Event** |  |  |
| **Presenter’s relevant training, credentials, BIO information? A photo of presenter. (That can be used in promotional materials.)** |  |
| **Requirements: Describe audio visual, technical, set-up, or other supplies/needs?****Provide Power Point, YouTube or other links.** |  |
| **Cost for Participants:** **Love offering or other?** |  |
| **Anticipated Cost to USCL: attach budget.** |  |
| **Payment due to Facilitator (check box)** | **50/50 split between USCL and facilitator** |  |  | **Other: (describe)** |  |
| **Check Delivery****(check box)** | **Will pick up** |  |  | **Please Mail** |  |

|  |  |
| --- | --- |
| **Other Facilitator Information** |  |
| **Facilitator permits this event to be: (check applicable boxes)** |
|  | **In-person** |
|  | **Virtual (ZOOM or other technology)** |
|  | **Hybrid (In-person and Virtual)** |
|  | **Recorded** |
| **As a facilitator at Unity, I understand that I am in a role that carries with it authority and power. I have a responsibility to protect participants' right to privacy unless there is explicit permission to record or share comments from the class.****I will maintain boundaries appropriate to a professional relationship and refrain from any conduct that would constitute sexual misconduct or sexual harassment. I will maintain the boundaries of a professional relationship, recognizing that it is my responsibility to do so.** |
|  |
| **Facilitator Signature and Date (above)****Electronic signature in accordance with Uniform Electronic Transactions Act 305 of 2000.** |
| **USCL Office notes** |