

EVENT REQUEST FORM

Date submitted:

Pending Approval of Team Leader and Board Link

Date approved:

Presenter/ Facilitator		Name (as it will appear on check)	Email:			
		Mailing Address	Phone:			
Description (Title, subject, format, brief 2 paragraph description of event)		Name of Event				
Event Type: (check box)		Proposed Date(s)	Time			
	SALT (Sunday Adult Learning Time)		9:30 am -10:15 am			
	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-perso	n 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.							
Unity Office Notes:							