



ACTIVITY AND SPECIAL EVENT- PANDEMIC REVIEW FORM

Date: _____

Name of Planned Activity: _____

Person in Charge of Activity: _____ **Phone:** _____

Email: _____ **Campus Box or Address:** _____

Date(s) of Activity: _____

Time(s) of Activity: _____

***Location of Activity:** _____

Sponsoring Group: _____

Estimated # of participants: _____

Participant Type Make-up (select all that apply):

Students Only

Tech Community

Open to the Public

Employees Only

Tech Community and Guests

Detailed Description of Event (please use reverse side as needed):

What COVID-19 specific precautions will you be implementing to ensure participant safety?

Also, attach any related documentation that you feel will be helpful for the review committee. The committee will also need a copy of the proposed marketing/advertisement piece(s) that you plan to utilize for this event. A committee member will be assigned to you as a liaison.

Please be sure to complete either one of the following required forms and the event is added to the [NMT Event Calendar](#) if this proposal is approved.

- [Activity and Special Event Routing Sheet](#) (with [SAC Rental Form](#) if needed) or
- [Public Forum and Planned Demonstration Event Routing Sheet](#)

___ Event has been approved as submitted

___ Event has been approved based on the additional steps as describe by your liaison

___ Event has been denied

Review Committee Member Signature

Date

Print Name

Submit Completed Form To:
deanofstudents@nmt.edu