

Boise State University Retreat Request Form

Form Completed By: _____ Phone: _____

Department: _____

Date(s) of Event: _____ Start Time: _____ End Time: _____

Location of Event: _____

Estimated Number of Attendees: (count student employees only as employees)

Employees: 1 Students (non-employee): _____

Non-Employees: _____ Total: 1

Please provide estimates for each category including payment method: (attach additional sheets if necessary):

Category:	Total Cost	Cost per Person	Payment Method	Supplier/Venue
Meals/Refreshments	0.00	0.00		
Venue Rental	0.00	0.00		
Equipment Rental	0.00	0.00		
Speaker Fees	0.00	0.00		
Entertainment or Recreation Fees	0.00	0.00		
Other (please be specific):	0.00	0.00		

Please respond to each of the questions below. If the question is not relevant to your retreat, enter "N/A." Additional information may be attached if necessary.

1. Define the purpose, relevance and expected outcomes of the retreat:

2. State how the retreat interfaces with college and/or university strategic plans:

3. Provide a complete schedule of activities, including social and recreational activities, or attach an event agenda:

4. Provide a justification for any overnight component of a retreat, explaining why the event cannot be confined to a single day or be organized over separate but not consecutive days:

5. Identify the duration, timing, nature and outcomes of retreats or events of this kind undertaken by this group within the past twelve months:

I have reviewed all relevant information regarding this event and certify that it complies with all applicable Boise State University policies and procedures:

Retreat/Event Leader (Print Name): _____

Extension: _____

Name of Department: _____

College /Division: _____

Retreat/Event Leader Signature: _____

Date: _____

Dean, VP or President's Signature*: _____

Date: _____

*Academic areas require dean's signature to authorize. Dean's must have VP signature. VP's must have President's signature.