

Student Life Facilities Request Form

Group Responsible for Event: _____

Event Title _____

My event DATE is: _____ (form **MUST** be submitted 7 days before)

My event TIME is: **START:** _____ **END:** _____

My event is: **INDOORS** **OUTDOORS**

How many people will be at the event? _____ **Fundraiser?** **YES** **NO**

My OUTDOOR EVENT WILL BE LOCATED AT: _____

My INDOOR EVENT WILL BE LOCATED IN ROOM: _____

Second choice location: _____ Specific room not required

FOR MY OUTDOOR EVENT WE NEED THE FOLLOWING:

TABLES - How Many? _____

CHAIRS - How Many? _____

TRASH CAN - How Many? _____

CANOPY - How Many? _____

AMPLIFIED SOUND SYSTEM

MICROPHONE - How Many? _____

OTHER _____

FOR MY is INDOOR EVENT WE NEED THE FOLLOWING (beyond a typical classroom):

EXTRA TABLES - How Many? _____

EXTRA CHAIRS - How Many? _____

TRASH CAN - How Many? _____

PROJECTOR & COMPUTER

AMPLIFIED SOUND SYSTEM

MICROPHONE - How Many? _____

OTHER _____

>>>>>>CONFIRMATION NOTICE WILL BE SENT TO ADVISOR WHEN APPROVED<<<<<<<<

REQUESTER: _____ (PRINT CLEARLY) PHONE: _____

REQUESTER SIGNATURE: _____ EMAIL: _____

ADVISOR: _____ (PRINT CLEARLY)

ADVISOR SIGNATURE: _____ DATE _____