

**EVENT FACILITY FORM -- COMPLETED BY APPLICANT**

DATE OF EVENT	DAY OF WEEK	SETUP TIME Room Open	BEGIN EVENT	END EVENT	VACATING TIME	ROOM NUMBER Or Description	TYPE OF ACTIVITY

Organization/Dept Name: \_\_\_\_\_

Event Name: \_\_\_\_\_

Requester: \_\_\_\_\_

Event Supervisor: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
 \_\_\_\_\_

Attendance max. expected: Adults \_\_\_\_\_ Students \_\_\_\_\_ Total \_\_\_\_\_  
 Admission Charge \$ \_\_\_\_\_ Food: \_\_\_Yes \_\_\_No Vendors: \_\_\_Yes \_\_\_No

Event Purpose: \_\_\_\_\_

Event Format/Type/Activities: \_\_\_\_\_

Phone Number: [\_\_\_\_\_] \_\_\_\_\_ \*Email \_\_\_\_\_

List Vendor Services: \_\_\_\_\_

Non-Profit? \_\_\_Yes \_\_\_No IT Equipment? \_\_\_Yes \_\_\_No IT Support? \_\_\_Yes \_\_\_No

**Directions: Attach additional pages if needed. Attach room set up schematics. Specify any equipment requests.**

**Note: This permit does include use of parking lots. Hourly parking fees may apply.**

Emergency Phone SBC - Security Ext. 2400 (Yellow Phone)/ 730-4200 (Outside)  
 Notify Security of any accidents, emergencies.

By: \_\_\_\_\_

Date: \_\_\_\_\_

**(Please sign)**



**COMMUNITY SERVICES**