

EVENT REQUEST FORM

Date: _____
Fall _____ spring _____

EVENT REQUEST ___ **EVENT CHANGE** ___ **REQUEST DATE** _____

NAME AND EMAIL: (contact info)	
START TIME / END TIME:	
DATE OR RECURRING DATES: (please specify) Daily/Weekly/Monthly/Random	
REHEARSAL-DATES/TIMES:	
FACILITIES:	
Old Main- GR	
Blue Rm	
Concourse-left/right/back	
269	
31	
125	
159	
Schaeffer Auditorium	
Exterior Deck	
Front Lobby	
114	
Little Theater	
13G	
3G	
5G	
14G	
Wells Lobby	
EVENT NAME / PERFORMANCE AREA	
EVENT DESCRIPTION (for online calendar):	
SET-UP risers/shell/seating: (if needed)	
CATERING:	
GUEST ARTIST – Name:	
ADD TO CALENDAR: Yes ___ No ___	OPEN TO PUBLIC: Yes ___ No ___ OPEN TO CAMPUS: Yes ___ No ___ CLOSED EVENT: Yes ___ No ___

Please complete reverse page if student

STUDENT CONTACT INFORMATION

PLEASE COMPLETE

ORGANIZATION NAME: (for event) if applies	
STUDENT NAME:	
STUDENT EMAIL:	
STUDENT PH #:	
ADVISOR NAME:	
ADVISOR EMAIL:	
ADVISOR PH#:	