

# Request for an Outdoor Event



All outdoor events require a signature of a representative from the offices listed on the second page of this form. When preparing to meet with the representative, please be prepared to discuss your event plans. The department official will want to know how their department will be involved in your planning. The Facilities Management Department may require you to meet with several members within the department. Campus Life, if needed, will organize a meeting with all department representatives.

Please return the completed form to the Campus Life Office in the Williams Center.

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

Name of Sponsoring Organization or Department: \_\_\_\_\_

Chairperson's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Location Requested: \_\_\_\_\_

Set-up Time: \_\_\_\_\_ Time of Event (Start Time \_\_\_\_\_ & End Time \_\_\_\_\_ )

Admission fee required YES \_\_\_\_\_ NO \_\_\_\_\_ Is this a Fundraiser YES \_\_\_\_\_ NO \_\_\_\_\_

Description of Event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the committee chairpersons and the function of their committees

Committee Chairperson: \_\_\_\_\_ Committee \_\_\_\_\_

Committee Chairperson: \_\_\_\_\_ Committee \_\_\_\_\_

Committee Chairperson: \_\_\_\_\_ Committee \_\_\_\_\_

Committee Chairperson: \_\_\_\_\_ Committee \_\_\_\_\_

**Reservation Approval**

Campus Life will indicate the signatures that are required for you event by checking the circles.

Food Service YES\_\_\_\_ NO\_\_\_\_ (All outside caters must be approved by FSA)

**Faculty Student Association:** \_\_\_\_\_  
Department representative signature and date

**Facilities Services**

Tables: YES\_\_\_\_ NO \_\_\_\_ (# requested\_\_\_\_ )

Chairs: YES\_\_\_\_ NO\_\_\_\_ (# requested\_\_\_\_ )

Trash cans: YES\_\_\_\_ NO\_\_\_\_ Delivery Location \_\_\_\_\_

Fencing: YES\_\_\_\_ NO\_\_\_\_ Date fence will be erected: \_\_\_\_\_

Location of Fence: \_\_\_\_\_

Traffic barriers: YES\_\_\_\_ NO\_\_\_\_ Delivery Location \_\_\_\_\_

Electricians Required: YES\_\_\_\_ NO\_\_\_\_

List all Electrical Needs: \_\_\_\_\_

**Facilities Services** \_\_\_\_\_  
Department representative signature and date

**Security:** Security needs will be determined by University Police

\_\_\_\_\_

**University Police** \_\_\_\_\_  
Department representative signature and date

**Campus Life** \_\_\_\_\_  
Department representative signature and date

---

**INTERNAL OFFICE USE**

Reservations made on \_\_\_\_\_

Campus Life Sales Permit or Fundraising forms completed YES\_\_\_\_ NO\_\_\_\_

Cleanup must be completed by \_\_\_\_\_

Campus Life \_\_\_\_\_  
Department representative signature and date